

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L 96000000660

1. Entity Name

School consultants of S.W.
FLORIDA, L.C.

FILED

03 MAR 24 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

14500 OCEAN BLUFF DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS

City & State

FLORIDA

4. FEI Number

65-0674953

Applied For

Not Applicable

Zip

Country

Zip

33908

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

STUART R. ZAIKOV

Street Address (P.O. Box Number is Not Acceptable)

14500 OCEAN BLUFF DRIVE

City

FORT MYERS

FL

Zip Code

33908

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typewritten or printed name of registered agent, title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LUCIA ZAIKOV
14500 OCEAN BLUFF DRIVE
FT. MYERS, FLA 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400014909094
03/28/03--01047--031 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STUART ZAIKOV
14500 OCEAN BLUFF DRIVE
FT. MYERS, FLA 33908

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Stuart R. Zaikov

3-19-03

239-437-3173

CR2E083B (12/01)