

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000001781

1. Entity Name
**PROFESSIONAL LEARNING CENTER OF BOYNTON
BEACH, L.L.C.**



Principal Place of Business
**22354 SW 57TH AVENUE
BOCA RATON, FL 33433**

Mailing Address
**22354 SW 57TH AVENUE
BOCA RATON, FL 33433**



06302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0908152

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ASTOR, LIONEL
22354 SW 57TH AVENUE
BOCA RATON, FL 33433**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ASTOR, LIONEL
22354 SW 57TH AVENUE
BOCA RATON, FL 33433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MEINBERG, MARK
280 PLANDOME ROAD
MANHASSET, NY 11030**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SINGER, RALPH
3855 NW 55TH DRIVE
BOCA RATON, FL 33496**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000162983
07/01/04-80002-023 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #