

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2007 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**



01172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0908152

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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 May 1, 2007**

U000000619138
02/08/07-80057-021 50.00

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

LIONEL ASTOR

1/19/07

Date

Daytime Phone #

561-487-1230