

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001781

**FILED**  
**Feb 03, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

22354 SW 57TH AVENUE  
BOCA RATON, FL 33433

**New Principal Place of Business:**

22354 SW 57TH AVENUE  
BOCA RATON, FL 33428

**Current Mailing Address:**

22354 SW 57TH AVENUE  
BOCA RATON, FL 33433

**New Mailing Address:**

22354 SW 57TH AVENUE  
BOCA RATON, FL 33428

**FEI Number:** 65-0908152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

ASTOR, LIONEL  
22354 SW 57TH AVENUE  
BOCA RATON, FL 33428 US

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:**

02/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ASTOR, LIONEL  
Address: 22354 SW 57TH AVENUE  
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM ( ) Delete  
Name: MEINBERG, MARK  
Address: 280 PLANDOME ROAD  
City-St-Zip: MANHASSET, NY 11030

Title: MGRM ( ) Delete  
Name: SINGER, RALPH  
Address: 3855 NW 55TH DRIVE  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ASTOR, LIONEL  
Address: 22354 SW 57TH AVENUE  
City-St-Zip: BOCA RATON, FL 33428

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** LIONEL ASTOR

MGRM

02/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date