

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L 91000000684**

1. Entity Name

LEARNING EXCELLENCE AT RESOURCE NETWORK, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 28 PM 4:57

Principal Place of Business

Mailing Address

% Y,V,V,A P.A.

% Y,V,V,A P.A.

225 S. Adams, Ste 200

225 S. Adams, Ste 200

Tallahassee, FL 32302-1833

Tallahassee, FL 32302-1833

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3611012

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

7. Name and Address of New Registered Agent

van Assenderp, Kenza Esq.  
c/o Young, van Assenderp, Varnadoe & Anderson,  
225 South Adams Street, Suite 200  
Tallahassee, Florida 32302-1833

Name

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

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Frank Tsamoutales  
1804 Riverview Drive  
Melbourne, FL 32901 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

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

6/20/01 321 722 5700

Date

Daytime Phone #

CR2E083 (11/00)