

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000003872

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** FISHER EDUCATION CONSULTING, LLC

**Current Principal Place of Business:**

555 HICKORY BLVD.  
MCMINNVILLE, TN 37110

**New Principal Place of Business:**

**Current Mailing Address:**

555 HICKORY BLVD.  
MCMINNVILLE, TN 37110

**New Mailing Address:**

**FEI Number:** 36-4543018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BENTON, RICHARD B  
1415 EAST PIEDMONT DRIVE, SUITE 4  
TALLAHASSEE, FL 32308 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FISHER, THOMAS H ED.D.  
**Address:** 555 HICKORY BLVD.  
**City-St-Zip:** MCMINNVILLE, TN 37110

**Title:** MGRM  
**Name:** FISHER, LINDA C PH.D.  
**Address:** 555 HICKORY BLVD.  
**City-St-Zip:** MCMINNVILLE, TN 37110

I hereby 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:** THOMAS H. FISHER

MGRM

02/17/2011

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