

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004645

FILED  
Jul 03, 2009  
Secretary of State

**Entity Name:** SMART SCHOOLS TRAINING AND RESEARCH LLC

**Current Principal Place of Business:**

500 N. RAINBOW BLVD., STE. 300A  
LAS VEGAS, NV 89107

**New Principal Place of Business:**

14617 GALT LAKE DRIVE  
TAMPA, FL 33626

**Current Mailing Address:**

500 N. RAINBOW BLVD., STE. 300A  
LAS VEGAS, NV 89107

**New Mailing Address:**

12157 LINEBAUGH AVE  
#197  
TAMPA, FL 33626

FEI Number: 26-3508414      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD., SUITE A-100  
TAMPA, FL 336123425 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: MGR      ( ) Delete  
Name: DECESARE, DANIEL  
Address: 13956 LYNMAR BLVD.  
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: DECESARE, DANIEL B MR.  
Address: 12157 LINEBAUGH AVE., #197  
City-St-Zip: TAMPA, FL 33626

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: DANIEL DECESARE

PRES

07/03/2009

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