

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000014852

**Entity Name:** NEW HORIZONS PARTNERS LLC

**Current Principal Place of Business:**

8595 COLLIER BLVD  
STE 107-39  
NAPLES, FL 34114-3556

**Current Mailing Address:**

8595 COLLIER BLVD  
STE 107-39  
NAPLES, FL 34114-3556 US

**FEI Number:** 20-5204940

**Certificate of Status Desired:** No

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CLARK, MARILYN D  
Address 131 CHERON DR  
City-State-Zip: MANDEVILLE LA 70448

Title MGRM  
Name HILL, LEE H  
Address 8595 COLLIER BLVD  
STE 107-39  
City-State-Zip: NAPLES FL 34114-3556

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEE H HILL

**MGRM**

**03/01/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date