

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000117594

**Entity Name:** HANDS ON LEARNING EDUCATIONAL SERVICES LLC

**Current Principal Place of Business:**

1280 FREIL RD NE  
PALM BAY, FL 32905

**Current Mailing Address:**

1280 FREIL RD NE  
PALM BAY, FL 32905

**FEI Number:** 27-4301397

**Certificate of Status Desired:** No

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

OWENS, THOMAS P  
1280 FREIL RD  
PALM BAY, FL 32905 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 MR  
Name OWENS, THOMAS P  
Address 1280 FREIL RD. NE,  
City-State-Zip: PALM BAY FL 32905

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS P. OWENS

**OWNER**

**02/21/2013**

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

\_\_\_\_\_  
Date