

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007077

FILED
Jan 31, 2011
Secretary of State

Entity Name: OVIDE DECROLY EDUCATIONAL CENTER, L.L.C.

Current Principal Place of Business:

18851 NE 29TH AV
SUITE 900
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

18851 NE 29TH AV
SUITE 900
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-1100638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTH, LEONARDO A
18851 NE 29TH AVENUE
STE 900
AVENTURA, FL 33180 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: CALLEROS GONZALEZ, ENRIQUETA
Address: 18851 NE 29TH AVE, SUITE 900
City-St-Zip: AVENTURA, FL 33180

Title: MGRM
Name: MATUS CALLEROS, CLAUDIA
Address: 18851 NE 29TH AVE, SUITE 900
City-St-Zip: AVENTURA, FL 33180

Title: MGRM
Name: MATUS CALLEROS, ALEJANDRA
Address: 18851 NE 29TH AVE, SUITE 900
City-St-Zip: AVENTURA, FL 33180

Title: MGRM
Name: MATUS, EILEEN
Address: 18851 NE 29TH AVE, SUITE 900
City-St-Zip: AVENTURA, FL 33180

Title: MGRM
Name: MATUS CALLEROS, FABIOLA
Address: 18851 NE 29TH AVE, SUITE 900
City-St-Zip: AVENTURA, FL 33180

Title: MGRM
Name: MATUS CALLEROS, LUCIANO
Address: 18851 NE 29TH AVE, SUITE 900
City-St-Zip: AVENTURA, FL 33180

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: CELLEROS GONZALEZ ENRIQUETA

MGRM

01/31/2011

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