

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007393

FILED
Jan 08, 2009
Secretary of State

Entity Name: COUNTRY-WIDE INDEPENDENT EXAMS, LLC

Current Principal Place of Business:

88 BLACK FALCON AVE., SUITE 353
BOSTON, MA 02210

New Principal Place of Business:

88 BLACK FALCON AVE., SUITE 353
SUITE 353
BOSTON, MA 02210

Current Mailing Address:

88 BLACK FALCON AVE., SUITE 353
BOSTON, MA 02210

New Mailing Address:

88 BLACK FALCON AVE., SUITE 353
SUITE 353
BOSTON, MA 02210

FEI Number: 74-3107391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301 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: MCMC LLC,
Address: 88 BLACK FALCON AVE., SUITE 353
City-St-Zip: BOSTON, MA 02210

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NICHOLE M. LEWIS

PARA

01/08/2009

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