

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007393

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** COUNTRY-WIDE INDEPENDENT EXAMS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 74-3107391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
Name: MCMC LLC  
Address: 88 BLACK FALCON AVE., SUITE 353  
City-St-Zip: BOSTON, MA 02210

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: NICHOLE LEWIS

MGR

01/07/2010

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