

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007077

Entity Name: OVIDE DECROLY EDUCATIONAL CENTER, L.L.C.**Current Principal Place of Business:**18851 NE 29TH AV
SUITE 900
AVENTURA, FL 33180**Current Mailing Address:**18851 NE 29TH AV
SUITE 900
AVENTURA, FL 33180**FEI Number:** 65-1100638**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROTH, LEONARDO A
18851 NE 29TH AVENUE
STE 900
AVENTURA, FL 33180 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 CALLEROS GONZALEZ, ENRIQUETA
Address 18851 NE 29TH AVE, SUITE 900
City-State-Zip: AVENTURA FL 33180Title MGRM
Name MATUS CALLEROS, CLAUDIA
Address 18851 NE 29TH AVE, SUITE 900
City-State-Zip: AVENTURA FL 33180Title MGRM
Name MATUS CALLEROS, ALEJANDRA
Address 18851 NE 29TH AVE, SUITE 900
City-State-Zip: AVENTURA FL 33180Title MGRM
Name MATUS, EILEEN
Address 18851 NE 29TH AVE, SUITE 900
City-State-Zip: AVENTURA FL 33180Title MGRM
Name MATUS CALLEROS, FABIOLA
Address 18851 NE 29TH AVE, SUITE 900
City-State-Zip: AVENTURA FL 33180Title MGRM
Name MATUS CALLEROS, LUCIANO
Address 18851 NE 29TH AVE, SUITE 900
City-State-Zip: AVENTURA FL 33180

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: MATUS CALLEROS , FABIOLA

MGRM

02/19/2013

Electronic Signature of Signing Authorized Person(s) Detail_____
Date