

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000044369

**Entity Name:** 2-EXCEL LEARNING LLC

**Current Principal Place of Business:**

516 SAN LORENZO  
CORAL GABLES, FL 33146

**Current Mailing Address:**

516 SAN LORENZO  
CORAL GABLES, FL 33146 US

**FEI Number:** 26-4823549

**Certificate of Status Desired:** No

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

PEREIRA, ALFREDO VMR  
516 SAN LORENZO AVE  
CORAL GABLES, FL 33146 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 MGR  
Name PEREIRA, ALFREDO V  
Address 516 SAN LORENZO AVE  
City-State-Zip: CORAL GABLES FL 33146

Title MGRM  
Name COHN, ADAM  
Address 6971 NW 34 ST.  
City-State-Zip: MARGATE FL 33063

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

**SIGNATURE:** ADAM COHN

**MANAGER**

**01/09/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date