

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000119682

**Entity Name:** HIGHER EDUCATION REPORTING SERVICES, LLC

**Current Principal Place of Business:**

1832 AMARYLLIS CIR  
ORLANDO, FL 32825

**Current Mailing Address:**

1832 AMARYLLIS CIR  
ORLANDO, FL 32825 US

**FEI Number:** 27-1497435

**Certificate of Status Desired:** No

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

IRIZARRY, LLOYD M  
1832 AMARYLLIS CIR  
ORLANDO, FL 32825 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               | Title           | MANAGER            |
| Name            | IRIZARRY, LLOYD M  | Name            | IRIZARRY, LEYANES  |
| Address         | 1832 AMARYLLIS CIR | Address         | 1832 AMARYLLIS CIR |
| City-State-Zip: | ORLANDO FL 32825   | City-State-Zip: | ORLANDO FL 32825   |

*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:** LLOYD IRIZARRY

**MGRM**

**03/16/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date