

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000127168

**Entity Name:** COLLEGE CONNEX "LLC"

**Current Principal Place of Business:**

7551 WILES RD  
103  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

7551 WILES RD  
103  
CORAL SPRINGS, FL 33067

**FEI Number:** 37-1616487

**Certificate of Status Desired:** No

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

JARBOE, JILLIAN  
7551 WILES RD  
103  
CORAL SPRINGS, FL 33067 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 JARBOE, JILLIAN  
Address 7551 WILES RD #103  
City-State-Zip: CORAL SPRINGS FL 33067

Title MANAGER  
Name JARBOE, ALLAN  
Address 7551 WILES RD  
103  
City-State-Zip: CORAL SPRINGS FL 33067

*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:** JILLIAN JARBOE

**MGR**

**01/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date