

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000094810

**Entity Name:** 21ST CENTURY EDUCATIONAL SERVICES, LLC

**Current Principal Place of Business:**

999 PONCE DE LEON BLVD.  
1110  
CORAL GABLES, FL 33134

**FILED**  
**Apr 09, 2014**  
**Secretary of State**  
**CC3739273712**

**Current Mailing Address:**

P.O. BOX 14-0970  
CORAL GABLES, FL 33114 US

**FEI Number: 99-0378898**

**Certificate of Status Desired: No**

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

PRATS FERNANDEZ & CO., P.A.  
999 PONCE DE LEON BLVD.  
1110  
CORAL GABLES, FL 33134 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 FRESHILL INTERNATIONAL CORPORATION  
Address P.O. BOX 14-0970  
City-State-Zip: CORAL GABLES FL 33114

Title MGR  
Name CARLINI, BRUNO V  
Address P.O. BOX 14-0970  
City-State-Zip: CORAL GABLES FL 33114

Title MGR  
Name ROSAS, RENE GUSTAVO  
Address P.O. BOX 14-0970  
City-State-Zip: CORAL GABLES FL 33114

Title MANAGER  
Name LEE, JUAN JOSE  
Address P.O. BOX 14-0970  
City-State-Zip: CORAL GABLES FL 33114

Title MANAGER  
Name LEE, JUAN JOSE  
Address P.O. BOX 14-0970  
City-State-Zip: CORAL GABLES FL 33114

*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: RENE GUSTAVO ROSAS BEST**

**MGR**

**04/09/2014**

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

\_\_\_\_\_  
Date