2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State
01-31-2002 90080 039 ****55.00

DOCUMENT # L01000008751

1. Entity Name
THE LANGUAGE CORNER LLC

Principal Place of Business	Mailing Address
2925 CENTER ST.. STE. 3 COCONUT GROVE FL 33133	2925 CENTER ST.. STE. 3 COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2829 Bird Avenue	2829 Bird Avenue
Suite, Apt. #, etc.: PMB 281	Suite, Apt. #, etc.: PMB 281
City & State: Coconut Grove, FL	City & State: Coconut Grove, FL
Zip: 33133 Country: U.S.A.	Zip: 33133 Country: U.S.A

4. FEI Number: 65-1111239 — Applied For / Not Applicable

5. Certificate of Status Desired: X — **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name: María Soledad Álvarez Street Address (P.O. Box Number is Not Acceptable): 2925 Center St. Unit #3 City: Coconut Grove FL Zip Code: 33133

8. 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: Sole Alvarez PRESIDENT/MANAGER — DATE: 1/28/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOLEDAD ALVAREZ, MARIA 2925 CENTER ST., STE. 3 COCONUT GROVE FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: Sole Alvarez MARÍA SOLEDAD ÁLVAREZ — 1/28/2002 — 305-448-5427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #