

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000004039

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** OAK SCHOLAR OF BROWARD, L.L.C.

**Current Principal Place of Business:**

6035 SW 88 CT  
MIAMI, FL 33173 US

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD.  
SUITE 240  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 02-0549629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRATS FERNANDEZ & CO, PA.  
2121 PONCE DE LEON BLVD.  
SUITE 240  
CORAL GABLES, FL 33134 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** PD  
**Name:** HORMAZABAL, HUGO  
**Address:** 6035 SW 88 CT  
**City-St-Zip:** MIAMI, FL 33173 US

**Title:** SD  
**Name:** CALDERON, GLADYS  
**Address:** 6035 SW 88 CT  
**City-St-Zip:** MIAMI, FL 33173 US

**Title:** D  
**Name:** HORMAZABAL, GLADYS  
**Address:** 6035 SW 88 CT  
**City-St-Zip:** MIAMI, FL 33173 US

**Title:** DT  
**Name:** HORMAZABAL, HUGO M  
**Address:** 6035 SW 88 CT  
**City-St-Zip:** MIAMI, FL 33173 US

**Title:** D  
**Name:** HORMAZABAL, PAMELA  
**Address:** 6035 SW 88 CT  
**City-St-Zip:** MIAMI, FL 33173 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** HUGO HORMAZABAL

PD

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date