2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jul 23, 2004 8:00 am
Secretary of State
05-04-2004 90028 042 ****55.00

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1. Entity Name
CONTINUING EDUCATION SOLUTIONS, LLC

Principal Place of Business	Mailing Address
626 HERON'S NEST CT. ORLANDO, FL 32825	626 HERON'S NEST CT. ORLANDO, FL 32825

04192004 Chg-LLC CR2E063 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 43-2013019 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCMORRAN, CAROLYN R 626 HERON'S NEST CT ORLANDO, FL 32825	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing member Carolyn McMorran 626 Herons Nest Ct Orlando FL 32825 ☐ 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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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: Carolyn R McMorran Carolyn R. McMorran 4/26/04 4072777061
SIGNATURE AND TYPED OR PRINTED NAME OF MGRMBR MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #