

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014688

FILED
Jul 05, 2005
Secretary of State

Entity Name: NOS ERUDIO LLC

Current Principal Place of Business:

4450 N STATE ROAD 7
#4
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

4450 N STATE ROAD 7
#4
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 56-2355083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WOODSON, LARIUS
5887 NW 119 DRIVE
CORAL SPRINGS, FL 33076 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOODSON, LARIUS
Address: 5887 NW 119 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM () Delete
Name: WOODSON, MAURISSA
Address: 5887 NW 119 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM () Delete
Name: BARRAN, RICHARD
Address: 2886 W SABLE CIRCLE
City-St-Zip: MARGATE, FL 33063

Title: MGRM () Delete
Name: BARRAN, ROSEMARIE
Address: 2886 W SABLE CIRCLE
City-St-Zip: MARGATE, FL 33063

Title: MGRM () Delete
Name: BARRAN, MARIO
Address: 233 S. FEDERAL HWY, #407
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: BARRAN, RASHEEDA
Address: 233 S. FEDERAL HWY, #407
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LARIUS WOODSON

MGRM

07/05/2005

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