2008 LIMITED LIABILITY COMPANY

FILED Apr 18, 2008 8:00 am Secretary of State

ANNUAL REPURI							J OI A	,	
DOCUMENT # L0400005401 1. Entity Name CONTINUING EDUCATION PROGRAMS, LLC						04-18-2008 9	90157 037 ***		
Principal Ptac	e of Business	Mailing Address					50004	171	A
1828 SE 1S		1828 SE 1ST AVE					0000		I
	RDALE, FL 33316	FORT LAUDERDALE, FL 33316							
		TORY ENDERONEE, TE 333 TO			1				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					 		
					I to all to a) BOIL BIEN BOIL SAN BEN	# 621H 48187 4H# 6+4H 6		101 HF 4884
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03292008	Cha-LLC	CR2E083 (12	/ne\	·
					OCCULOUS	Olig ELO	07122000 (12		
City & State		City & State			4. FEI Numb		L		olied For
				20-069	6692		Not	Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	\$5.00		
							Fee He	quired	
6. Name and Address of Current Registered Agent				ļ	7. Name and	Address of New R	legistered Agent		
HOVA ED				Name					
MOYA, FRANK M.D.					ddress (P.O. Box Number is Not Acceptable)				
1828 SE 1ST AVE FORT LAUDERDALE, FL 33316						er is not Acceptable	-1		
FORTER	DERDALE, FL 33316								
								0	
				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
		,							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							e check payable Department of		
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/			
TITLE	MGR	☐ Delete	TITL	E			□ Ch	ange	☐ Addition
NAME	MOYA, FRANK M.D.		NAM	iE					
STREET ADDRESS	1828 SE 1ST AVE			EET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TETLE	MGR	☐ Delete	TITL	E			☐ Ch	ange	☐ Addition
NAME	MCNULTY, JOAN			IE					
STREET ADDRESS	1828 SE 1ST AVE		STR	EET ADORESS					
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316			'-ST-ZIP					
TITLE		☐ Detete	TITL	E			☐ Ch	ange	☐ Addition
NAME			NAM	IE					
STREET ADORESS				EET ADDRESS					
CITY-S1-ZIP			CITY	'-S1-ZIP					
TITLE		☐ Delete	TITL	£			☐ Ch	ange	Addition
NAME			NAM	tE					
STREET ADDRESS			STR	EET ADDRESS					
CITY-ST-ZIP			CITY	'-ST-ZIP					
TITLE		☐ Delete	TITL	E			Ch	ange	Addition
NAME			NAM	NE					
STREET ADDRESS				EET ADORESS					
CITY-ST-ZIP			CITY	1-ST-ZIP					
TITLE		☐ Delete	TITL	E			☐ Ch	ange	Addition
NAME			NAM						
STREET ADDRESS				EET ADORESS					
CITY-ST-ZIP	<u> </u>		CITY	1-ST-ZIP		. <u></u>			
11. I hereby	certify that the information supplied with	this filing does not qualify for	the exe	mptions contai	ned in Chapter 119	, Florida Statutes. I fo	urther certify that th	e intor	mation
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.									
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SIGNATURE:

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