

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000015806

FILED
Oct 01, 2009
Secretary of State

Entity Name: EDUCATIONAL SERVICES PROVIDER, L.L.C.

Current Principal Place of Business:

2900 GLADES CIRCLE, NO. 800
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

2900 GLADES CIRCLE, NO. 800
WESTON, FL 33327

New Mailing Address:

FEI Number: 20-0834972 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:

DEUTSCH, STEVEN W ESQ.
7805 S.W. 6TH COURT
PLANTATION, FL 33324 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: WILFREDO MORENO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEPENSU, C.A. / WILFREDO MORENO
Address: 2900 GLADES CIRCLE NO. 800
City-St-Zip: WESTON, FL 33327

Title: MGR (X) Delete
Name: BELLORIN, HORTENSIA
Address: 2900 GLADES CIRCLE, STE.800
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

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 exemption stated in Chapter 119, 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: WILFREDO MORENO

MR

10/01/2009

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