

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000057367

1. Entity Name
THE CENTER FOR FINANCIAL EDUCATION, LLC



Principal Place of Business
**2050 SW 22ND STREET, SUITE 406
MIAMI, FL 33145**

Mailing Address
**2050 SW 22ND STREET, SUITE 406
MIAMI, FL 33145**



01192006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2146049

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ISMAIL, SAAD N
2050 SW 22ND STREET, STE 406
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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

SNT mip

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000414908
02/11/06-80055-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ISMAIL, SAAD N
STREET ADDRESS	2050 SW 22ND STREET, STE 406
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	MGRM
NAME	JANAS, GEORGE
STREET ADDRESS	222 S PENNSYLVANIA, STE 100
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SNT mip

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/29/06

Date

305 856 9199

Daytime Phone #