

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034353

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** STUDENT SOLUTIONS OF SOUTHWEST FLORIDA LLC

**Current Principal Place of Business:**

6334 HOFSTRA CT.  
FT. MYERS, FL 33919 US

**New Principal Place of Business:**

6334 HOFSTRA CT.  
FORT MYERS  
FT. MYERS, FL 33919 US

**Current Mailing Address:**

6334 HOFSTRA CT.  
FT. MYERS, FL 33919 US

**New Mailing Address:**

6334 HOFSTRA CT.  
FORT MYERS  
FT. MYERS, FL 33919 US

**FEI Number:** 26-0504958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EWALD, CYNTHIA B MGRM  
6334 HOFSTRA CT  
FT. MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

EWALD, CYNTHIA B MGRM  
6334 HOFSTRA CT  
FORT MYERS  
FT. MYERS, FL 33919 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:

02/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: EWALD, CYNTHIA  
Address: 6334 HOFSTRA CT.  
City-St-Zip: FT. MYERS, FL 33919 US

I hereby 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: CYNTHIA EWALD

MGRM

02/25/2011

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