

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG 15 PM 3:48

DOCUMENT # L07000069711

1. Entity Name

EDUCARE CONSULTATION, LLC



Principal Place of Business

3401 W. HILLSBORO BLVD.
#M208
COCONUT CREEK FL 33073
US

Mailing Address

PO BOX 590311
FORT LAUDERDALE FL 33359
US



2. Principal Place of Business - No P.O. Box #

9564 Worthington Ridge Road

3. Mailing Address

PO BOX 590311

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Orlando, FL

City & State

Fort Lauderdale, FL

4. FEI Number

26-0480460

Applied For

Not Applicable

Zip

32829

Country

USA

Zip

33359

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA FL 33612-3425

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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's signature required when consolidating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME LACOMB, JOANNE N
STREET ADDRESS 3401 W. HILLSBORO BLVD., #M208
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE PRESIDENT ☒ Change ☐ Addition
NAME LACOMB, JOANNE N
STREET ADDRESS 9564 Worthington Ridge Road
CITY-ST-ZIP Orlando, FL 32829

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 500131059325 ☐ Change ☐ Addition
NAME 06/09/08 01038 009 \$153.75
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joanne N Lcomb

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

Date

Digitized Phone #

04/01/2008 9803

(951)-579-