

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000110285

1. Entity Name
E-ENROLLMENT & COMMUNICATIONS, LLC.



Principal Place of Business
10323 CROSS CREEK BLVD., STE. H
TAMPA, FL 33647

Mailing Address
10323 CROSS CREEK BLVD., STE. H
TAMPA, FL 33647

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

KIST, JAMES CPA
5301 TECHNOLOGY DRIVE
TAMPA, FL 33647

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUERTA ENTERPRISES, INC. 10323 CROSS CREEK BLVD., STE. H TAMPA, FL 33647	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISHER, JON GREGORY 297 MARYFIELD DRIVE SALT LAKE CITY, UT 84108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROFESSIONAL LAW INSURANCE, LLC 299 MAIN STREET SOUTH SALT LAKE CITY, UT 84111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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 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: *John H. Kist* Managing member

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

**FILED
Apr 17, 2008 8:00 am
Secretary of State**

04-17-2008 90163 010 ***138.75

50003941



03312008 Chg-LLC CR2E083 (12/06)

4. FEI Number
42-1745491

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

FL Zip Code

DATE

Make check payable to
Florida Department of State

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

4/4/08 813-907-0300
Date Daytime Phone #