

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000020552

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** COLLEGE FUNDING FLORIDA LLC

**Current Principal Place of Business:**

1015 LINGO CIRCLE  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2022  
WINTER PARK, FL 32790 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ST.PIERRE, DANIEL A  
1015 LINGO CIRCLE  
OVIEDO, FL 32765 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ST.PIERRE, DANIEL A  
Address: 1015 LINGO CIRCLE  
City-St-Zip: OVIEDO, FL 32765 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: DANIEL A ST.PIERRE

MGR

04/07/2011

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