

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000040818

FILED
Apr 13, 2009
Secretary of State

Entity Name: EDUCATIONAL REMEDIES FOR FINANCIAL AID LLC

Current Principal Place of Business:

6101 N E 3RD TERRACE
FT. LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

6101 N E 3RD TERRACE
FT. LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 26-2481361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIAZ, LENDY Y
6101 N E 3RD TERRACE
FT. LAUDERDALE, FL 33334 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: MGRM () Delete
Name: COLAS, MARILOU H
Address: 6101 N E 3RD TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: MGRM () Delete
Name: DIAZ, LENDY Y
Address: 6101 N E 3RD TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33334

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LENDY Y DIAZ

MGRM

04/13/2009

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