

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108012

Entity Name: UF CORE COURSES, LLC

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

700 LAPENINSULA BLVD., #202
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

700 LAPENINSULA BLVD., #202
NAPLES, FL 34113

New Mailing Address:

FEI Number: 26-3798281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, BOBBIE
700 LAPENINSULA BLVD., #202
NAPLES, FL 34113 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 () Delete
Name: STEVENS, BOBBIE
Address: 700 LAPENINSULA BLVD., #202
City-St-Zip: NAPLES, FL 34113

Title: MGRM () Delete
Name: WASSERMAN, RON
Address: 845 KENT AVENUE NE
City-St-Zip: NAPLES, FL 34120

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: BOBBIE STEVENS

MGR

03/24/2009

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