

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113984

FILED
Jun 23, 2009
Secretary of State

Entity Name: EAUCLAIR INSTITUTE FOR HIGHER LEARNING LLC

Current Principal Place of Business:

3911 HARRISBURG ST NE
ST. PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

3911 HARRISBURG ST NE
ST. PETERSBURG, FL 33703

New Mailing Address:

FEI Number: 26-4771597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MAHMOOD, JAZBEEN
3911 HARRISBURG ST NE
ST. PETERSBURG, FL 33703 US

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: MAHMOOD, JAZBEEN
Address: 3911 HARRISBURG ST NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: MGR () Delete
Name: KUNHI, KARIPODI M
Address: 3911 HARRISBURG ST NE
City-St-Zip: ST. PETERSBURG, FL 33703

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: KUNHI, KARIPODI M
Address: 3911 HARRISBURG ST NE
City-St-Zip: ST. PETERSBURG, FL 33703

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: KARIPODI KUNHI

MGRM

06/23/2009

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