

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000053720

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** ELEARNING DIRECTORIES LLC

**Current Principal Place of Business:**

9273 COLLINS AVENUE #1011  
SURFSIDE, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 546493  
SURFSIDE, FL 33154

**New Mailing Address:**

**FEI Number:** 42-1674067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOMMER, CARRIE  
9273 COLLINS AVE  
#1011  
SURFSIDE, FL 33154 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:** MARINI, GUIDO ALBI  
**Address:** 5830 SW 57 AVE #242  
**City-St-Zip:** MIAMI, FL 33143

**Title:** MGR  
**Name:** SOMMER, CARRIE  
**Address:** 9273 COLLINS AVE #1011  
**City-St-Zip:** SURFSIDE, FL 33154

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:** CARRIE SOMMER

MGR

04/28/2011

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