

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000101729

**FILED**  
**Apr 22, 2014**  
**Secretary of State**

**Entity Name:** FLORIDA NURSING REVIEW COURSE LLC

**Current Principal Place of Business:**

1325 NW 172ND TERRACE  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

1325 NW 172ND TERRACE  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 27-3572809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, CATHERINE R  
1325 NW 172ND TERRACE  
MIAMI, FL 33169 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: BROWN CATHERINE

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: BROWN, CATHERINE R  
Address: 1325 NW 172ND TERRACE  
City-St-Zip: MIAMI, FL 33169

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: BROWN CATHERINE

MGR

04/22/2014

Electronic Signature of Authorized Person

Date