

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000060787

FILED
Apr 30, 2012
Secretary of State

Entity Name: STATE WIDE NURSING STUDENT SUCCESS CENTER, L.L.C.

Current Principal Place of Business:

8910 MIRAMAR PKWY
202
MIRAMAR, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

8910 MIRAMAR PKWY
202
MIRAMAR, FL 33025 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BROWN, SAMUEL B
8910 MIRAMAR PKWY
202
MIRAMAR, FL 33025 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: P
Name: BROWN, SAMUEL B
Address: 8910 MIRAMAR PKWY #202
City-St-Zip: MIRAMAR, FL 33025 US

Title: VP
Name: HOLDER, SELVIN
Address: 8910 MIRAMAR PKWY #202
City-St-Zip: MIRAMAR, FL 33025 US

Title: TD
Name: GEORGE, JACQUELYN
Address: 8910 MIRAMAR PKWY #202
City-St-Zip: MIRAMAR, FL 33025 US

Title: SD
Name: HOLDER, SELVIN
Address: 8910 MIRAMAR PKWY #202
City-St-Zip: MIRAMAR, FL 33025 US

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: SAMUEL BROWN

P

04/30/2012

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