

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005579

FILED
Mar 06, 2009
Secretary of State

Entity Name: OFF-CAMPUS SOLUTIONS, LLC

Current Principal Place of Business:

9801 WASHINGTONIAN BLVD., SUITE 1245-D
GAITHERSBURG, MD 20878

New Principal Place of Business:

9801 WASHINGTONIAN BLVD.
GAITHERSBURG, MD 20878

Current Mailing Address:

POST OFFICE BOX 352
BUFFALO, NY 14240

New Mailing Address:

PO BOX 352
BUFFALO, NY 14240

FEI Number: 26-1432297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGRM () Delete
Name: OFF-CAMPUS DINING NE, TWORK, LLC
Address: 98001 WASHINGTONIAN BLVD
City-St-Zip: GAITHERSBURG, MD 20878

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OFF-CAMPUS DINING NE, TWORK, LLC
Address: 9801 WASHINGTONIAN BLVD
City-St-Zip: GAITHERSBURG, MD 20878

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: SCOTT ROBINS

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03/06/2009

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