

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000832

Entity Name: COLLEGIATENATION, LLC

FILED  
Mar 06, 2009  
Secretary of State

## Current Principal Place of Business:

19451 SHERIDAN STREET #255  
PEMBROKE PINES, FL 33332

## New Principal Place of Business:

19451 SHERIDAN STREET  
#255  
PEMBROKE PINES, FL 33332

## Current Mailing Address:

19451 SHERIDAN STREET #255  
PEMBROKE PINES, FL 33332

## New Mailing Address:

19451 SHERIDAN STREET  
#255  
PEMBROKE PINES, FL 33332

FEI Number: 26-0464722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

STRAUS, ARNOLD M JR  
10081 PINES BLVD. SUITE C  
PEMBROKE PINES, FL 33024 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: CASTILLO-BACH, EVELYN  
Address: 19451 SHERIDAN STREET #255  
City-St-Zip: PEMBROKE PINES, FL 33332

Title: MGRM ( ) Delete  
Name: CASTILLO-REMINICK, DAVID  
Address: 19451 SHERIDAN STREET #255  
City-St-Zip: PEMBROKE PINES, FL 33332

## ADDITIONS/CHANGES:

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

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

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: EVELYN CASTILLO-BACH

MRS.

03/06/2009

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