

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000832

Entity Name: COLLEGIATENATION, LLC

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

18459 PINES BLVD.  
#255  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

18459 PINES BLVD.  
#255  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 26-0464722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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  
Name: CASTILLO-BACH, EVELYN  
Address: 18459 PINES BLVD. #255  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM  
Name: CASTILLO-REMINICK, DAVID  
Address: 18459 PINES BLVD. #255  
City-St-Zip: PEMBROKE PINES, FL 33029

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: EVELYN CASTILLO-BACH

MGRM

02/27/2012

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