

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011136

Entity Name: COLLABORATIVE INTELLIGENT LEARNING LLC

Current Principal Place of Business:

14040 VILLAGE POND DRIVE
FT. MYERS, FL 33908-0801

Current Mailing Address:

14040 VILLAGE POND DRIVE
FT. MYERS, FL 33908-0801

FEI Number: 20-2644562

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SWAN, LAWRENCE
709 CAPE CORAL PARKWAY WEST
CAPE CORAL, FL 33914 US

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

Authorized Person(s) Detail :

Title MGRM
Name BULLEN, ANN A
Address 14040 VILLAGE POND DRIVE
City-State-Zip: FT. MYERS FL 33908

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANN BULLEN

CEO

04/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date