## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000062638

Entity Name: EDUCHIRP, LLC

**Current Principal Place of Business:** 

2305 S CLARK AVE TAMPA, FL 33629

## **Current Mailing Address:**

2305 S CLARK AVE TAMPA. FL 33629 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC. 5125 ADANSON ST. SUITE 500 ORLANDO, FL 32804 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

**FILED** Mar 31, 2014

**Secretary of State** 

CC3774204502

Authorized Person(s) Detail:

Title **MGRM** Title **MGRM** 

CARRIER, GERAD Name Name CARRIER, RHONDA Address 2305 S CLARK AVE Address 2305 S CLARK AVE TAMPA FL 33629 City-State-Zip: City-State-Zip: TAMPA FL 33629

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: RHONDA CARRIER

Electronic Signature of Signing Authorized Person(s) Detail

03/31/2014 **MGRM** 

Date