2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000132271

Entity Name: MYCOLLEGECOMPANY LLC

Oursel Drivers Disease Designation

Current Principal Place of Business:

1950 S OCEAN DRIVE SUITE 17N HALLANDALE BEACH, FL 33009

Current Mailing Address:

1950 S OCEAN DRIVE SUITE 17N HALLANDALE BEACH, FL 33009 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLEYNER, ALEX 1950 S OCEAN DRIVE SUITE 17N HALLANDALE BEACH, FL 33009 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 Apr 13, 2013

Secretary of State

CC2414904296

Authorized Person(s) Detail:

Title MGRM

Name KLEYNER, ALEX

Address 190 SE 12TH AVE, SUITE 1B City-State-Zip: POMPANO BEACH FL 33060

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail