

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000055092

Entity Name: COLLEGE FUNDING & INSURANCE PROGRAMS, LLC

Current Principal Place of Business:

17210 BERMUDA VILLAGE DR.
BOCA RATON, FL 33487

Current Mailing Address:

17210 BERMUDA VILLAGE DR.
BOCA RATON, FL 33487

FEI Number: 45-4901638

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAYLOR, BRUCE
17210 BERMUDA VILLAGE DR.
BOCA RATON, FL 33487 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 TAYLOR, BRUCE
Address 17210 BERMUDA VILLAGE DR.
City-State-Zip: BOCA RATON FL 33487

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: BRUCE TAYLOR

MANAGING MEMBER

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date