

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000033215

Entity Name: THE INSTITUTE OF CONTINUING EDUCATION LLC

Current Principal Place of Business:

168 LAURIE DR
ORMOND BEACH, FL 32176

Current Mailing Address:

P.O.BOX 1748
ORMOND BEACH, FL 32175-1748 US

FEI Number: 46-2653401

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORMIER, NATALIE E
168 LAURIE DR
ORMOND BEACH, FL 32176 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	Title	MGR
Name	CORMIER, NATALIE E	Name	CORMIER, KEITH JJR
Address	168 LAURIE DR	Address	168 LAURIE DR
City-State-Zip:	ORMOND BEACH FL 32176	City-State-Zip:	ORMOND BEACH FL 32176

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: NATALIE CORMIER

PRESIDENT

04/17/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date