

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024174

Entity Name: TUTORSELECT, LLC

FILED
Jul 08, 2007
Secretary of State

Current Principal Place of Business:

10 SEEDLING DRIVE
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

2519 MCMULLEN BOOTH RD
510-291
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 03-0482633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HENSON, ANN
450 HOLLY HILL ROAD
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KEARNEY, VICTORIA
Address: 1018 NEUSE AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: MGR () Delete
Name: SMITH, AMY K
Address: 10 SEEDLING DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGR () Delete
Name: SMITH, KENNETH W
Address: 10 SEEDLING DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: KENNETH SMITH

MGR

07/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date