2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000056958

Name:

Address:

City-St-Zip:

681 NW 151ST AVENUE

PEMBROKE PINES, FL 33028

FILED Sep 29, 2007 Secretary of State

Entity Name: APEX TUTORING AND LEARNING CENTER LLC

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
631 NW 10	00TH PLACE			
4 PEMBROH	KE PINES, FL 33024			
Current M	lailing Address:	New Mailing Address:		
631 NW 10	00TH PLACE			
4 PEMBROH	KE PINES, FL 33024			
FEI Number:		FEI Number Not Applicable () Certificate of Status Desired ()	
	ce with s. 607.193(2)(b), F.S., the limited liability I Address of Current Registered Agent			
MCCALLA, FLO 3399 FOXCROFT ROAD #105 MIRAMAR, FL 33025 US		RUSSELL, ALTHEA 5260 NW 158TH LANE PEMBROKE PINES, FL 33028 US		
	named entity submits this statement for t e of Florida.	ne purpose of changing its registered office or registered agent, or b	ooth,	
SIGNATURE: ALTHEA RUSSELL		09/29/2007		
	Electronic Signature of Registered	Agent Date		
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () Delete MCCALLA, FLO 3399 FOXCROFT ROAD #105 MIRAMAR, FL 33025	Title: MGR (X) Change () Addition Name: RUSSELL, ALTHEA Address: 5260 158TH LANE City-St-Zip: PEMBROKE PINE, FL 33028		
Title: Name: Address: City-St-Zip:	MGR () Delete RUSSELL, ALTHEA 5260 NW 158TH LANE PEMBROKE PINES, FL 33028	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	MGRM () Delete COY, ANGELLA 8592 W. SUNRISE BLVD. PLANTATION, FL 33322	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name:	MGRM () Delete ALEXANDER, SALOMON	Title: () Change () Addition Name:		

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.

Address:

City-St-Zip:

SIGNATURE: ALTHEA RUSSELL 09/29/2007