

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057681

FILED
Jun 09, 2008
Secretary of State

Entity Name: AMERICAN TUTORING CENTER LLC

Current Principal Place of Business:

2458 COLUMBIA DR.
76
CLEARWATER, FL 33763

New Principal Place of Business:

Current Mailing Address:

2458 COLUMBIA DR.
76
CLEARWATER, FL 33763

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

Name and Address of New Registered Agent:

SKULASON, HALLUR
2458 COLUMBIA DR.
76
CLEARWATER, FL 33763 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SKULASON, HALLUR
Address: 2458 COLUMBIA DR. APT. 76
City-St-Zip: CLEARWATER, FL 33763

Title: MGR () Delete
Name: KRISTOFERSDOTTIR, LILJA
Address: 2458 COLUMBIA DR. APT. 76
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SKULASON, HALLUR MGR
Address: 2458 COLUMBIA DR. APT. 76
City-St-Zip: CLEARWATER, FL 33763

Title: MGR (X) Change () Addition
Name: KRISTOFERSDOTTIR, LILJA MGR
Address: 2458 COLUMBIA DR. APT. 76
City-St-Zip: CLEARWATER, FL 33763

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: HALLUR SKULASON

MGR

06/09/2008

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