

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000024174

Entity Name: TUTORSELECT, LLC

FILED
Nov 24, 2008
Secretary of State

Current Principal Place of Business:

10 SEEDLING DRIVE
SAFETY HARBOR, FL 34695

New Principal Place of Business:

11826 SNAPDRAGON ROAD
TAMPA, FL 33635

Current Mailing Address:

2519 MCMULLEN BOOTH RD
510-291
CLEARWATER, FL 33761

New Mailing Address:

11826 SNAPDRAGON ROAD
TAMPA, FL 33635

FEI Number: 03-0482633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: ANN HENSON

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: AMY SMITH

MGR

11/24/2008

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