

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90351 004 ****50.00

DOCUMENT # L04000030779

1. Entity Name

TLC Learning, LLC

DO NOT WRITE IN THIS SPACE

60034197

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6449 Boca Circle

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State

4. FEI Number
74-3123200

Applied For
Not Applicable

Zip
33433

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Tia Nepi

Street Address (P.O. Box Number is Not Acceptable)
6449 Boca Circle

City
Boca Raton

Zip Code
FL 33433

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

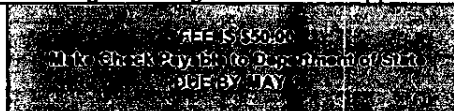
SIGNATURE

Mattia Nepi

4-5-07

Signature, typed or printed name of registered agent and title if applicable.

DATE



9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MGRM	Mattia Nepi	6449 Boca Circle	Boca Raton, FL 33433				

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Mattia Nepi

4-4-07 561-901-2654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP2E0803 (12/02)