2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000056958

Address:

City-St-Zip:

681 NW 151ST AVENUE

PEMBROKE PINES, FL 33028

Entity Name: APEX TUTORING AND LEARNING CENTER LLC

FILED Mar 13, 2006 Secretary of State

Current Principal Place of Business:		New Principal Pl	New Principal Place of Business:	
2250 NW 126TH AVENUE PEMBROKE PINES, FL 33028		631 NW 100TH P	631 NW 100TH PLACE	
		4	·	
		PEMBROKE PINES, FL 33024		
Current Mailing Address:		New Mailing Add	New Mailing Address:	
2250 NW 126TH AVENUE PEMBROKE PINES, FL 33028		631 NW 100TH P	631 NW 100TH PLACE	
		4 PEMBROKE PINES, FL 33024		
FEI Number In accordan	: FEI Number Applied For (X) nce with s. 607.193(2)(b), F.S., the limited liability com	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Addre	ss of New Registered Agent:	
MIRAMAR	ĆROFT ROAD #105 R, FL 33025 US			
	e named entity submits this statement for the pue of Florida.	urpose of changing its regis	tered office or registered agent, or both	
SIGNATU	RE: FLO MCCALLA			
	Electronic Signature of Registered Age	nt	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () Delete MCCALLA, FLO 3399 FOXCROFT ROAD #105 MIRAMAR, FL 33025	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete RUSSELL, ALTHEA 5260 NW 158TH LANE PEMBROKE PINES, FL 33028	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete COY, ANGELLA 8592 W. SUNRISE BLVD. PLANTATION, FL 33322	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	MGRM () Delete ALEXANDER, SALOMON	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: FLO MCCALLA MGR 03/13/2006