

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000063991

**FILED**  
**Oct 09, 2006**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA TUTORS, LLC

**Current Principal Place of Business:**

958 MOCKINGBIRD LANE #509  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 970446  
BOCA RATON, FL 334970446

**New Mailing Address:**

**FEI Number:** 25-1920420      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

KANEFSKY, JOSEPH  
958 MOCKINGBIRD LANE #509  
PLANTATION, FL 33324 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: JOSEPH KANEFSKY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: KANEFSKY, JOSEPH  
Address: 958 MOCKINGBIRD LANE #509  
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: KANEFSKY, JENNIFER  
Address: 958 MOCKINGBIRD LANE #509  
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: MALOFF, STU  
Address: 10492 LAKE VISTA CIRCLE  
City-St-Zip: BOCA RATON, FL 33498

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JOSEPH KANEFSKY

MGR

10/09/2006

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