

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000019891

FILED
Jan 06, 2009
Secretary of State

Entity Name: LEARN ENGLISH ON THE GO LLC

Current Principal Place of Business:

1308 BAYVIEW DRIVE
FORT LAUDERDALE, FL 33304 US

New Principal Place of Business:

1308 BAYVIEW DRIVE
1-C
FORT LAUDERDALE, FL 33304 US

Current Mailing Address:

1308 BAYVIEW DRIVE
FORT LAUDERDALE, FL 33304 US

New Mailing Address:

1308 BAYVIEW DRIVE
1-C
FORT LAUDERDALE, FL 33304 US

FEI Number: 26-0137431 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:

HART, GEORGENNE
1308 BAYVIEW DRIVE
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

HART, GEORGENNE
1308 BAYVIEW DRIVE
1-C
FORT LAUDERDALE, FL 33304 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: GEORGENNE HART

01/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HART, GEORGENNE
Address: 1308 BAYVIEW DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33304 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HART, GEORGENNE
Address: 1308 BAYVIEW DRIVE 1-C
City-St-Zip: FORT LAUDERDALE, FL 33304 US

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: GEORGENNE HART

MGRM

01/06/2009

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