

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073089

FILED
Apr 26, 2009
Secretary of State

Entity Name: AREA TUTORS LLC

Current Principal Place of Business:

5227 CORVETTE DR
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

7480 NW 13TH COURT
PLANTATION, FL 33313

New Mailing Address:

FEI Number: 72-1621082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHEVONE, ROSE
5227 CORVETTE DR
TAMPA, FL 33624 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SCHEVONE, ROSE
Address: 5227 CORVETTE DR
City-St-Zip: TAMPA, FL 33624

Title: MGR () Delete
Name: ROSE, YVONNE
Address: 5227 CORVETTE DR
City-St-Zip: TAMPA, FL 33624

Title: MGRM () Delete
Name: AKAGBOSU, JULIET E
Address: 7480 NW 13TH CT
City-St-Zip: FORT LAUDERDALE, FL 33313

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: SCHEVONE ROSE

MGRM

04/26/2009

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