

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000122258

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** MYERS EDUCATIONAL & TUTORING SERVICES, LLC

**Current Principal Place of Business:**

4534 A-1 W. VILLAGE DR.  
TAMPA, FL 336243429

**New Principal Place of Business:**

**Current Mailing Address:**

4534 A-1 W. VILLAGE DR.  
TAMPA, FL 336243429

**New Mailing Address:**

**FEI Number:** 56-2623322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MYERS, GAIL  
4534 A-1 W. VILLAGE DR.  
TAMPA, FL 336243429 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  
**Name:** MYERS, GAIL L  
**Address:** 4534 A-1 W. VILLAGE DR.  
**City-St-Zip:** TAMPA, FL 336243429

I hereby 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: GAIL L. MYERS

MGRM

01/27/2011

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