

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050694

**FILED**  
**Jun 18, 2008**  
**Secretary of State**

**Entity Name:** READING WORKSHOPS LLC

**Current Principal Place of Business:**

407 LAKE HOWELL ROAD SUITE 111  
MAITLAND, FL 32751

**New Principal Place of Business:**

505 POLARIS LOOP #105  
CASSELBERRY, FL 32707

**Current Mailing Address:**

407 LAKE HOWELL ROAD SUITE 111  
MAITLAND, FL 32751

**New Mailing Address:**

505 POLARIS LOOP #105  
CASSELBERRY, FL 32707

FEI Number: 26-0162279      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:**

AMERICAN TAX & PAYROLL SERVICES LLC  
1033 SR 436 SUITE 245  
CASSELBERRY, FL 32707      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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ORTIZ TORRES, IRMA H  
Address: 407 LAKE HOWELL ROAD SUITE 111  
City-St-Zip: MAITLAND, FL 32751

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: ORTIZ TORRES, IRMA H  
Address: 505 POLARIS LOOP #105  
City-St-Zip: CASSELBERRY, FL 32707

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: IRMA H ORTIZ

MGR

06/18/2008

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