

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057681

FILED  
Jun 09, 2008  
Secretary of State

Entity Name: AMERICAN TUTORING CENTER LLC

**Current Principal Place of Business:**

2458 COLUMBIA DR.  
76  
CLEARWATER, FL 33763

**New Principal Place of Business:**

**Current Mailing Address:**

2458 COLUMBIA DR.  
76  
CLEARWATER, FL 33763

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      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:**

SKULASON, HALLUR  
2458 COLUMBIA DR.  
76  
CLEARWATER, FL 33763 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: MGR ( ) Delete  
Name: SKULASON, HALLUR  
Address: 2458 COLUMBIA DR. APT. 76  
City-St-Zip: CLEARWATER, FL 33763

Title: MGR ( ) Delete  
Name: KRISTOFERSDOTTIR, LILJA  
Address: 2458 COLUMBIA DR. APT. 76  
City-St-Zip: CLEARWATER, FL 33763

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SKULASON, HALLUR MGR  
Address: 2458 COLUMBIA DR. APT. 76  
City-St-Zip: CLEARWATER, FL 33763

Title: MGR (X) Change ( ) Addition  
Name: KRISTOFERSDOTTIR, LILJA MGR  
Address: 2458 COLUMBIA DR. APT. 76  
City-St-Zip: CLEARWATER, FL 33763

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: HALLUR SKULASON

MGR

06/09/2008

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