

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000084975

FILED
Aug 24, 2011
Secretary of State

Entity Name: ACADEMIC AFTERCARE, LLC

Current Principal Place of Business:

620 S. SWANN AVE.
SUITE C
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

620 S. SWANN AVE.
SUITE C
TAMPA, FL 33609

New Mailing Address:

4030 HENDERSON BLVD.
TAMPA, FL 33629

FEI Number: 94-3487302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIORIO, JACQUELINE D
620 S. SWANN AVE.
SUITE C
TAMPA, FL 33609 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: JACQUELINE DENISE DIORIO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: DIORIO, JACQUELINE D
Address: 620 S. SWANN AVE. STE. C
City-St-Zip: TAMPA, FL 33609

Title: MGRM
Name: DIORIO, JACQUELINE D
Address: 4030 HENDERSON BLVD
City-St-Zip: TAMPA, FL 33629

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: JACQUELINE DENISE DIORIO

MGRM

08/24/2011

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