

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000023904

Entity Name: MY STUDY BUDDY LLC

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

50 HARBOR DRIVE SOUTH  
OCEAN RIDGE, FL 33435 US

## **New Principal Place of Business:**

50 HARBOUR DRIVE SOUTH  
OCEAN RIDGE, FL 33435 US

## **Current Mailing Address:**

50 HARBOR DRIVE SOUTH  
OCEAN RIDGE, FL 33435 US

## **New Mailing Address:**

50 HARBOUR DRIVE SOUTH  
OCEAN RIDGE, FL 33435 US

FEI Number: 45-2543156

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VINAS, MATTHEW P  
50 HARBOR DRIVE SOUTH  
OCEAN RIDGE, FL 33435 US

## **Name and Address of New Registered Agent:**

VINAS, MATTHEW P  
50 HARBOUR DRIVE SOUTH  
OCEAN RIDGE, FL 33435 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:

04/26/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VINAS, MATTHEW P  
Address: 50 HARBOUR DRIVE SOUTH  
City-St-Zip: OCEAN RIDGE, FL 33435 US

Title: MGRM  
Name: VINAS, LUIS A MD  
Address: 50 HARBOUR DRIVE SOUTH  
City-St-Zip: OCEAN RIDGE, FL 33435 US

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: MATTHEW VINAS

MGRM

04/26/2012

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