

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000110027

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** PROGRESSIVE TUTORS, L.L.C.

**Current Principal Place of Business:**

390 LOBLOLLY CIRCLE  
MIDWAY, FL 32343

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6704  
TALLAHASSEE, FL 32314

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, REGINA  
390 LOBLOLLY CIRCLE  
MIDWAY, FL 32343 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: JOHNSON, REGINA  
Address: P.O. BOX 6704  
City-St-Zip: TALLAHASSEE, FL 33

Title: MGR  
Name: JOHNSON, PHILLIP  
Address: P.O. BOX 6704  
City-St-Zip: TALLAHASSEE, FL 33

Title: MGR  
Name: JOHNSON, DAAYSHA  
Address: P.O. BOX 6704  
City-St-Zip: TALLAHASSEE, FL 33

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:** REGINA JOHNSON

MGRM

04/30/2012

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