

M04000004865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

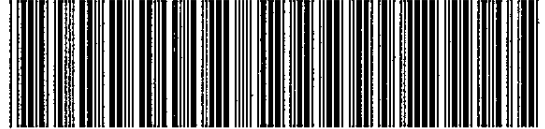
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**BRENNAN, MANNA & DIAMOND, LLC**  
ATTORNEYS & COUNSELORS AT LAW

**Anna-Karina Dragolich**  
Phone: 330-253-5060  
Fax: 330-253-1977  
Email: akdragolich@bmdllc.com

December 22, 2005

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Statutory Agent Updates

Dear Sir or Madam:

Enclosed herewith please find Statutory Agent Update Forms for the following entities: NCLB Tutors, LLC, White Hat Realty, LLC, LS Pinellas County, LLC, LS Palm Beach County, LLC, LS Miami-Dade County, LLC, LS Polk County, LLC, LS Hillsborough County, LLC, LS Broward County, LLC, SMT Sanford, LLC, VND Holdings, LLC. Also enclosed please find a check in the amount of \$275.00 for the filing fees. Please file the same and return any receipts and/or certificates to me.

Thank you for your time and attention to this matter. Please feel free to contact me if you should have any questions.

Very truly yours,

*A-K Dragolich*

Anna-Karina Dragolich  
Paralegal

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NCLB Tutors, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anna Dragolich  
(Name of Person)

Brennan, Manna & Diamond, LLC  
(Firm/Company)

75 East Market Street  
(Address)

Akron, Ohio  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anna Dragolich at ( 330 ) 253-5060, Ext. 151  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: NCLB Tutors, LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_

159 S. Main Street, Suite 600, Akron, Ohio 44308

11/5/2004

3. Date of filing/registration in Florida

M04000004865

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

BMD Florida Service, LLC

Name

76 S. Laura Street, Suite 1700

Address

Jacksonville, FL 32202

City, State and Zip

6. The name and address of the new registered agent and/or office:

BMD Florida Service, LLC

Name

76 S. Laura Street, Suite 2110

Florida street address (P.O. Box NOT acceptable)

Jacksonville FL 32202

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Joseph R. Weber  
(Signature of a member or authorized representative of a member)

Joseph R. Weber  
(Printed or typed name of signer)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

John Tallahassee  
(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**

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TALLAHASSEE, FLORIDA