

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M07000006862

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** THE LEARNING EXPERIENCE SYSTEMS LLC

**Current Principal Place of Business:**

10 SYLVAN WAY, STE. 110  
PARSIPPANY, NJ 07054

**New Principal Place of Business:**

**Current Mailing Address:**

10 SYLVAN WAY, STE. 110  
PARSIPPANY, NJ 07054

**New Mailing Address:**

FEI Number: 20-8121424      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: JEFF GARFINKLE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WEISSMAN, RICHARD S  
Address: 10 SYLVAN WAY, STE. 110  
City-St-Zip: PARPIPPANY, NJ 07054

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RICHARD WEISSMAN

MEMB

01/15/2009

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