

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000096764

**Entity Name:** ACADEMIC ADVANTAGE TUTORING PROGRAM, LLC

**Current Principal Place of Business:**

1254 CYPRESS BEND CIRCLE  
MELBOURNE, FL 32934

**Current Mailing Address:**

1254 CYPRESS BEND CIRCLE  
MELBOURNE, FL 32934 US

**FEI Number:** 26-3613341

**Certificate of Status Desired:** No

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

MACGILVRAY, DIANE L  
1254 CYPRESS BEND CIRCLE  
MELBOURNE, FL 32934 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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name MACGILVRAY, DIANE L  
Address 1254 CYPRESS BEND CIRCLE  
City-State-Zip: MELBOURNE FL 32934

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DIANE MACGILVRAY

**MANAGER**

**04/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date