

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000192959

**Entity Name:** TUTORING BY CITY, LLC

**Current Principal Place of Business:**

3948 SUNBEAM ROAD  
3  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

3948 SUNBEAM ROAD  
3  
JACKSONVILLE, FL 32257

**FEI Number:** 47-2582848

**Certificate of Status Desired:** No

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

VICKERS, JOSEPH P  
3948 SUNBEAM ROAD  
3  
JACKSONVILLE, FL 32257 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, /PRESIDENT  
Name VICKERS, DAWN M  
Address 3948 SUNBEAM ROAD STE 3  
City-State-Zip: JACKSONVILLE FL 32257

Title SECRETARY, TREASURER  
Name VICKERS, JOSEPH P  
Address 3948 SUNBEAM ROAD STE 3  
City-State-Zip: JACKSONVILLE FL 32257

Title VP  
Name MANN'S, KERI  
Address 3948 SUNBEAM ROAD  
3  
City-State-Zip: JACKSONVILLE FL 32257

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH P VICKERS

**SECRETARY/TREASURER** 04/25/2017

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

\_\_\_\_\_  
Date