## 2019 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

Name

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

FILED Apr 29, 2019

**Secretary of State** 

7607514046CC

Authorized Person(s) Detail :

Title MGR, /PRESIDENT Title SECRETARY, TREASURER

VICKERS, DAWN M Name VICKERS, JOSEPH P

Address 3948 SUNBEAM ROAD STE 3

City-State-Zip: JACKSONVILLE FL 32257

Address 3948 SUNBEAM ROAD STE 3

City-State-Zip: JACKSONVILLE FL 32257

Title VP

Name MANNS, 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 VICKERS

Electronic Signature of Signing Authorized Person(s) Detail

TREASURER

04/29/2019