

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023140

FILED
Jul 05, 2008
Secretary of State

Entity Name: TECHNOLOGY TRAINING & THERAPY FOR INDEPENDENCE, LLC

Current Principal Place of Business:

C/O NANCY L. HOPPE
1715 N.W. 26TH ST
CAPE CORAL, FL 33993

New Principal Place of Business:

Current Mailing Address:

C/O NANCY L. HOPPE
1715 N.W. 26TH ST
CAPE CORAL, FL 33993

New Mailing Address:

FEI Number: 55-0891672 **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:

HOPPE, NANCY L
1715 N.W. 26TH ST
CAPE CORAL, FL 33993 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

MANAGING MEMBERS/MANAGERS:

Title: MEMB () Delete
Name: ROSE, CATHERINE
Address: 1675 TEMPLE TERRACE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: MEMB () Delete
Name: HOPPE, NANCY L
Address: 1715 NW 26TH ST
City-St-Zip: CAPE CORAL, FL 33993

ADDITIONS/CHANGES:

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

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: KATHY ROSE

MRS

07/05/2008

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