

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000023140

FILED
Apr 05, 2010
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:

C/O NANCY L. HOPPE
931 SW 4TH PL
CAPE CORAL, FL 33991

Current Mailing Address:

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

New Mailing Address:

C/O NANCY L. HOPPE
931 SW 4TH PL
CAPE CORAL, FL 33991

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:

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

Name and Address of New Registered Agent:

HOPPE, NANCY L
931 SW 4TH PL
CAPE CORAL, FL 33991 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: NANCY HOPPE

04/05/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MEMB
Name: ROSE, CATHERINE
Address: 3150 RUSTIC LN
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: MEMB
Name: HOPPE, NANCY L
Address: 931 SW 4TH PL
City-St-Zip: CAPE CORAL, FL 33993

I hereby 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: NANCY HOPPE

PART

04/05/2010

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