

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000023140

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** TECHNOLOGY TRAINING & THERAPY FOR INDEPENDENCE, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 55-0891672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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  
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

PRES

01/30/2012

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