

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000036040

FILED
Oct 06, 2008
Secretary of State

Entity Name: SELF-CARE TEACHING, LLC

Current Principal Place of Business:

3571 NW 85TH WAY - APT 101
SUNRISE, FL 33351

New Principal Place of Business:

6051 SW 19CT
NORTH LAUDERDALE, FL 33068

Current Mailing Address:

3571 NW 85TH WAY - APT 101
SUNRISE, FL 33351

New Mailing Address:

6051SW 19CT
NORTH LAUDERDALE, FL 33068

FEI Number: 20-4832849 **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:

MORRISON, ARLENE
TEACHING, LLC
3571 NW 85TH WAY APT 101
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

MORRISON, ARLENE
SELF-CARE TEACHING LLC
6051 SW 19CT
NORTH LAUDERDALE, FL 33068 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: ARLENE MORRISON

10/06/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MORRISON, ARLENE
Address: 3571 NW 85TH WAY - APT 101
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MORRISON, ARLENE
Address: 6051 SW 19CT
City-St-Zip: NORTH LAUDERDALE, FL 33068

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: ARLENE MORRISON

MBR

10/06/2008

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