

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000023359

**FILED**  
**Oct 06, 2010**  
**Secretary of State**

**Entity Name:** NONVERBAL INSTITUTE, LLC

**Current Principal Place of Business:**

10 BLAKESHIRE PLACE  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**Current Mailing Address:**

10 BLAKESHIRE PLACE  
PALM COAST, FL 32137 US

**New Mailing Address:**

**FEI Number:** 26-2405384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GROW, JOHN D  
10 BLAKESHIRE PLACE  
PLAM COAST, FL 32137 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:** JOHN GROW

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** GROW, JOHN D  
**Address:** 10 BLAKESHIRE PLACE  
**City-St-Zip:** PLAM COAST, FL 32137 US

**Title:** MGR  
**Name:** GROW, RONALD  
**Address:** 12667 SE 178TH PL  
**City-St-Zip:** SUMMERFIELD, FL 34491 US

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:** JOHN GROW

MGR

10/06/2010

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