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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: TEACHING TIME CENTER SUP	ERVISED STUDIES	LLC		
Name of Limited Liability Company				
The enclosed Statement of Revocation of Dissolution and Dissolution for filing.	ution for Florida Limi	ted Liability Company and	fee(s) are	
Please return all correspondence concerning this	matter to:			
LUIS MERCADO				
Contact Person		_		
TEACHING TIME CENTER SUPERVISED ST	rudies LLC	_		
Firm/Company		_		
9521 S. ORANGE BLOSSOM TRAIL STE	116	_		
Address				
ORLANDO, FLORIDA 32837				
City, State and Zip Code	· · · · · ·			
TEACHINGTIMECENTER@GMAIL.COM		j	2016	
E-mail address: (to be used for future annual	report notification)			"
For further information concerning this matter, p	lease call:	í	324 328 328	-
LUIS MERCADO	at (407	780-0402	Min 200	
Name of Contact Person	Area Code	Daytime Telephone N		
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STREET ADDRESS:		MAILING ADDRESS:	音音	
Registration Section		Registration Section	-	
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, FL 32314		

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1.	TEACHING TIME CENTER FOR SUPERVISED STUDIES LLC The name of the company is:
2.	The document number of the company is
3.	JANUARY 26 2016 The effective date the Dissolution was filed is
4.	The revocation of dissolution was authorized on
5.	A copy of the Articles of Dissolution is attached.
	Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)



Electronic Articles of Organization For Florida Limited Liability Company

L15000160918 FILED 8:00 AM September 22, 2015 Sec. Of State wapainter

Article I

The name of the Limited Liability Company is:

TEACHING TIME CENTER SUPERVISED STUDIES LLC

Article II

The street address of the principal office of the Limited Liability Company is:

1072 PLAZA DR KISSIMMEE, FL. US 34743

The mailing address of the Limited Liability Company is:

1072 PLAZA DR KISSIMMEE, FL. US 34743

Article III

The name and Florida street address of the registered agent is:

LUIS MERCADO 1072 PLAZA DR KISSIMMEE, FL. 34743

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: LUIS MERCADO

Article IV

The name and address of person(s) authorized to manage LLC:

Title: DIR LUIS MERCADO 1072 PLAZA DR

KISSIMMEE, FL. 34743 US

Title: MGR LOARINA REYES 2003 SHANNON LAKES COURT KISSIMMEE, FL. 34743 US L15000160918 FILED 8:00 AM September 22, 2015 Sec. Of State wapainter

Article V

The effective date for this Limited Liability Company shall be:

09/20/2015

Signature of member or an authorized representative

Electronic Signature: LUIS MERCADO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.