PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2023 NOV -7 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # L19000302551

1. Limited Liability Company's Name
Transition Out Of Teaching LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3340 NE 190th Street	3340 NE 190th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
#401	#401
City & State	City & State
Miami, FL	Miami, FL
Zip / Country	Zip / Country
33180 / USA	33180 / USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12-12-2019

6. FEI Number: 84-3981782 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: Dorit Perry

Street Address (P.O. Box Number is Not Acceptable) Suite: 3340 NE 109th Street

Apt. #, Etc.: #401

City: Miami | State: FL | Zip Code: 33180

REINSTATEMENT
2023

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: X Dorit Perry — Date: 10-31-2023
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/ Managers

Titles	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Dorit Perry	3340 NE 190th St. #401	Miami, FL 33180

11. E-mail Address: info@doritperry.com
(Used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; 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.

Signature of authorized representative/member: X Dorit Perry Date: 10-31-2023 Daytime Phone #: 510-417-9291

Typed or printed name of signing authorized representative/member: Dorit Perry

NOV 7 2023
M WILLIAMS