

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L97000000817

FILED
May 16, 2007
Secretary of State

Entity Name: YOUTH TO YOUTH LIMITED LIABILITY COMPANY

Current Principal Place of Business:

5500 34TH STREET WEST
BRADENTON, FL 34210

New Principal Place of Business:

Current Mailing Address:

39 PLEASANT VIEW DRIVE
HUDSON, NY 12534 US

New Mailing Address:

FEI Number: 65-0776449 **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:

Name and Address of New Registered Agent:

LEVIN, SILVEY, ZELKO & CO. P.A.
ATTN: BOB ZELCO
2699 STIRLING ROAD, SUITE B-205
HOLLYWOOD, FL 33312 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: ROBERT ZELCO

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: IMG ACADEMICS, LLP,
Address: 5500 34TH STREET WEST
City-St-Zip: BRADENTON, FL 34210

Title: MGRM () Delete
Name: FELDMAN, KAREN
Address: 38 PLEASANT VIEW DRIVE
City-St-Zip: HUDSON, NY 12534

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: IMG ACADEMIES, LLP,
Address: 5500 34TH STREET WEST
City-St-Zip: BRADENTON, FL 34210

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KAREN FELDMAN

MGRM

05/16/2007

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