

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000031760

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** TECHNI-PRO INSTITUTE L.L.C.

**Current Principal Place of Business:**

2206 WEST ATLANTIC AVE.  
101  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

2206 WEST ATLANTIC AVE.  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**FEI Number:** 20-4603907

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HYPPOLITE, GILBERT  
2206 W ATLANTIC AVE  
DELRAY BEACH, FL 33445 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HYPPOLITE, GILBERT  
Address: 14888 ENCLAVE LAKES DR. # C4  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM  
Name: HYPPOLITE, MARIE  
Address: 1831 OAK BERRY CIR  
City-St-Zip: WELLINGTON, FL 33414

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: GILBERT HYPPOLITE

CEO

02/16/2010

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