

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031760

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

Current Principal Place of Business:

414 NW 35 ST
BOCA RATON, FL 33431

Current Mailing Address:

414 NW 35 ST
BOCA RATON, FL 33431

FEI Number: 20-4603907

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HYPPOLITE, GILBERT
414 NW 35 ST
BOCA RATON, FL 33431 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name HYPPOLITE, GILBERT
Address 414 NW 35 ST
City-State-Zip: BOCA RATON FL 33431

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GILBERT HYPPOLITE

MANAGER

01/07/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date