

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000093062

**Entity Name:** CLIP TRAINING LLC

**Current Principal Place of Business:**

12001 RESEARCH PARKWAY  
SUITE 236 PMB# R033  
ORLANDO, FL 32826

**FILED**  
**Apr 06, 2016**  
**Secretary of State**  
**CC3225941269**

**Current Mailing Address:**

10550 ARROWTREE BLVD  
CLERMONT, FL 34715 US

**FEI Number: 26-1076790**

**Certificate of Status Desired: No**

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

BRUZZESE, J. PETER  
10550 ARROWTREE BLVD  
CLERMONT, FL 34715 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	Title	MGRM
Name	BRUZZESE, J. PETER	Name	DUGGAN, TIMOTHY
Address	10550 ARROWTREE BLVD	Address	1370 THOMAS AVE
City-State-Zip:	CLERMONT FL 34715	City-State-Zip:	NORTH BRUNSWICK NJ 08902

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: TIMOTHY DUGGAN**

**MGRM**

**04/06/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date