

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000025944

Entity Name: OSTEOLAST TRAINING LLC

Current Principal Place of Business:

31 WEST LAUREL STREET
APOPKA, FL 32703

Current Mailing Address:

31 WEST LAUREL STREET
APOPKA, FL 32703

FEI Number: 80-0706472

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILLIAMS, CHRISTOPHER
31 WEST LAUREL STREET
APOPKA, FL 32703 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 MGR
Name WILLIAMS, CHRISTOPHER L
Address 31 WEST LAUREL STREET
City-State-Zip: APOPKA FL 32703

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: CHRISTOPHER LLOYD WILLIAMS

MR

05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date