

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000092497

**Entity Name:** FLORIDA COLLABORATIVE TRAINERS LLC

**Current Principal Place of Business:**

8525 S.W. 92ND STREET, SUITE B-5  
SUITE B-5  
MIAMI, FL 33156-7374

**Current Mailing Address:**

8525 S.W. 92ND STREET  
SUITE B-5  
MIAMI, FL 33156-7374 UN

**FEI Number:** 45-3126469

**Certificate of Status Desired:** No

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

ROTH, ROSEMARIE SESQ.  
8525 S.W. 92ND STREET  
MIAMI, FL 33156-7374 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 ROTH, ROSEMARIE SESQ.  
Address 8525 S.W. 92ND STREET, SUITE B-5  
City-State-Zip: MIAMI FL 33156-7374

Title MGRM  
Name STERN, LANA MPH.D.  
Address 8525 S.W. 92ND STREET, SUITE B-5  
City-State-Zip: MIAMI FL 33156-7374

*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:** ROSEMARIE S. ROTH

MGRM

02/07/2014

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

\_\_\_\_\_  
Date