#### 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. 03/04/2021 MANAGER

SIGNATURE: ROBERT J. MERLIN

Electronic Signature of Signing Authorized Person(s) Detail

# **Current Mailing Address:**

### Name and Address of Current Registered Agent:

ROBERT J. MERLIN, ESQ. 95 MERRICK WAY SUITE 420 CORAL GABLES, FL 33134 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

Authorized Person(s) Detail :			
Title	MGRM	Title	MGR
Name	STERN, LANA M PHD	Name	MERLIN, ROBERT J
Address	7600 S.W. 81 AVENUE	Address	95 MERRICK WAY SUITE 420
City-State-Zip:	MIAMI FL 33143	City-State-Zip:	CORAL GABLES FL 33134

# 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L11000092497

Entity Name: FLORIDA COLLABORATIVE TRAINERS LLC

# **Current Principal Place of Business:**

95 MERRICK WAY SUITE 420 CORAL GABLES, FL 33134

95 MERRICK WAY SUITE 420 CORAL GABLES, FL 33134 US

## FEI Number: 45-3126469

Certificate of Status Desired: No

# FILED Mar 04, 2021 Secretary of State 7762635657CC

Date

Date