

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000144958

**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC3565497266**

**Entity Name:** CENTRAL FLORIDA TRAINING LLC

**Current Principal Place of Business:**

16300 MEREDREW LANE  
CLERMONT, FL 34711

**Current Mailing Address:**

16300 MEREDREW LANE  
CLERMONT, FL 34711

**FEI Number:** 47-1917017

**Certificate of Status Desired:** No

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

NOLASCO, VICTOR  
4440 METRIC DR UNIT A  
WINTER PARK, FL 32792 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 AMBR  
Name RUIZ, EMMANUEL  
Address 16300 MEREDREW LANE  
City-State-Zip: CLERMONT FL 34711

Title AMBR  
Name NOLASCO, VICTOR  
Address 16300 MEREDREW LANE  
City-State-Zip: CLERMONT FL 34711

Title AMBR  
Name RUIZ, EDDIE  
Address 16300 MEREDREW LANE  
City-State-Zip: CLERMONT FL 34711

*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:** VICTOR NOLASCO

AMBR

05/01/2015

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

\_\_\_\_\_ Date