

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED
Mar 11, 2016
Secretary of State
CC0508596281**

Entity Name: CENTRAL FLORIDA TRAINING LLC

Current Principal Place of Business:

4440 METRIC DR SUITE A
WINTER PARK, FL 32792

Current Mailing Address:

4440 METRIC DR SUITE A
WINTER PARK, FL 32792 US

FEI Number: 47-1917017

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOLASCO, VICTOR
4440 METRIC DR SUITE 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: EMMANUEL RUIZ

OWNER

03/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date