

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000174286

**Entity Name:** ARES TRAINING FACILITY, LLC

**Current Principal Place of Business:**

24745 L:ESTER WAY  
EUSTIS, FL 32736

**Current Mailing Address:**

24745 L:ESTER WAY  
EUSTIS, FL 32736

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

JOHNSON, COLIN  
24745 LESTER WAY  
EUSTIS, FL 32736 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 JOHNSON, COLIN  
Address 24745 LESTER WAY  
City-State-Zip: EUSTIS FL 32736

Title MANAGER  
Name JOHNSON, DOUGLAS E III  
Address 24745 L:ESTER WAY  
City-State-Zip: EUSTIS FL 32736

*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:** COLIN JOHNSON

**AGENT**

**03/15/2023**

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

\_\_\_\_\_  
Date