

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000026467

**FILED**  
**Jun 24, 2019**  
**Secretary of State**  
**3551012043CC**

**Entity Name:** PROGRESSIVE TRAINING SOLUTIONS LLC

**Current Principal Place of Business:**

7815 N DALE MABRY HWY  
SUITE 202  
TAMPA, FL 33614

**Current Mailing Address:**

7815 N DALE MABRY HWY  
SUITE 202  
TAMPA, FL 33614 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HARRINGTON, SCOTT  
7815 N DALE MABRY HWY  
SUITE 202  
TAMPA, FL 33614 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            CEO  
Name            HARRINGOTNTON, SCOTT  
Address        7815 N DALE MABRY HWY  
City-State-Zip: TAMPA FL 33614

Title            MGR  
Name            KUZON, RON  
Address        7815 N DALE MABRY HWY  
City-State-Zip: TAMPA FL 33614

*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:** SCOTT HARRINGOTNTON

**CEO**

**06/24/2019**

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

\_\_\_\_\_  
Date