

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000071024

Entity Name: CCL CONSULTING & TRAINING, LLC**Current Principal Place of Business:**2622 SW RACQUET CLUB DRIVE
PALM CITY, FL 34990**Current Mailing Address:**2622 SW RACQUET CLUB DRIVE
PALM CITY, FL 34990 US**FEI Number:** 82-4843224**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALDMAN, JAMES W
1900 W COMMERCIAL BLVD SUITE 180
FT LAUDERDALE, FL 33309 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	BERARDINELLI, JOSEPH B
Address	2622 SW RACQUET CLUB DRIVE
City-State-Zip:	PALM CITY FL 34990

Title	MBR
Name	BERARDINELLI, HEBE
Address	2622 SW RACQUET CLUB DRIVE
City-State-Zip:	PALM CITY FL 34990

Title	MBR
Name	BERARDINELLI, SIMONE G
Address	2622 SW RACQUET CLUB DRIVE
City-State-Zip:	PALM CITY FL 34990

Title	MBR
Name	BERARDINELLI, CHRISTOPHER J
Address	2622 SW RACQUET CLUB DRIVE
City-State-Zip:	PALM CITY FL 34990

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: JOSEPH B BERARDINELLI

MGR

04/03/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date