

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000234464

**FILED  
Apr 30, 2019  
Secretary of State  
1188301080CC**

**Entity Name:** CMPROF TRAINING & DEVELOPMENT LLC

**Current Principal Place of Business:**

620 CAPTIVA CIRCLE  
KISSIMMEE, FL 34741

**Current Mailing Address:**

620 CAPTIVA CIRCLE  
KISSIMMEE, FL 34741 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ARELLANO, RAMON M  
610 CAPTIVA CIRCLE  
KISSIMMEE, FL 34741 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 ARELLANO, RAMON M  
Address 620 CAPTIVA CIRCLE  
City-State-Zip: KISSIMMEE FL 34741

Title MGR  
Name BAEZ, ADDA M  
Address 620 CAPTIVA CIRCLE  
City-State-Zip: KISSIMMEE FL 34741

Title D  
Name APONTE, MARIAJOSE  
Address 620 CAPTIVA CIRCLE  
City-State-Zip: KISSIMMEE FL 34741

*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:** RAMON M ARELLANO

**MEMBER**

**04/30/2019**

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

\_\_\_\_\_  
Date