

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000269521

**Entity Name:** ONE ON ONE TRAININGS LLC

**Current Principal Place of Business:**

110 GOODMORNING ST  
#102  
PORT SAINT JOE, FL 32456

**Current Mailing Address:**

110 GOODMORNING ST  
#102  
PORT SAINT JOE, FL 32456 UN

**FEI Number:** 83-4389132

**Certificate of Status Desired:** No

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

BLACK, DANA  
110 GOODMORNING ST  
#102  
PORT SAINT JOE, FL 32456 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	Title	AMBR
Name	BLACK, DANA	Name	SUMMERS, CINDY
Address	140 FOUR JS RD.	Address	2005 CYPRESS AVE.
City-State-Zip:	PORT SAINT JOE FL 32456	City-State-Zip:	PORT ST JOE FL 32456

*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:** CINDY SUMMERS

**TOP DOG**

**04/29/2019**

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

\_\_\_\_\_  
Date