

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000468619

Entity Name: APEX TRAINING SOLUTIONS, LLC**Current Principal Place of Business:**750 E RED HOUSE BRANCH ROAD
SAINT AUGUSTINE, FL 32084**Current Mailing Address:**750 E RED HOUSE BRANCH ROAD
SAINT AUGUSTINE, FL 32084 US**FEI Number:** 87-3704526**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KNIGHT, DAMIAN A
750 E RED HOUSE BRANCH RD
SAINT AUGUSTINE, FL 32084 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	KNIGHT, DAMIAN A
Address	750 E RED HOUSE BRANCH ROAD
City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	AUTHORIZED MEMBER
Name	SANTORE, FRANCIS XAVIER III
Address	137 EVERGREEN FOREST DR
City-State-Zip:	SNEADS FERRY NC 28460

Title	AUTHORIZED MEMBER
Name	KIRBY, JOSIAH JAMES
Address	241 LONG ROAD
City-State-Zip:	RYDAL GA 30171

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: DAMIAN KNIGHT**MANAGER****03/14/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date