

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90126 006 ****50.00

DOCUMENT # L01000009982

1. Entity Name

TOROXEL TRAINING SERVICES, LLC

Principal Place of Business

Mailing Address

2449 SUGARLOAF LANE
FT. LAUDERDALE FL 33312-4631

2449 SUGARLOAF LANE
FT. LAUDERDALE FL 33312-4631

2. Principal Place of Business

100 W. STIRLING WAY

3. Mailing Address

100 W. STIRLING WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEESBURG - FL

City & State

LEESBURG - FL

4. FEI Number

65-1112332

Applied For

Not Applicable

Zip

34788

Country

LAKE

Zip

34788

Country

LAKE

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BLACK, WILLIAM R ESQ.
2691 E. OAKLAND PARK BLVD., SUITE 102
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name **HEINZ TOROXEL**

Street Address (P.O. Box Number is Not Acceptable)

100 W. STIRLING WAY

City

LEESBURG

FL

Zip Code

34788

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-13-02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **TOROXEL, HEINZ**
 STREET ADDRESS **2449 SUGARLOAF LANE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33312-4631**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
 NAME **TOROXEL, CHRISTA**
 STREET ADDRESS **2449 SUGARLOAF LANE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33312-4631**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8-13-02

CR2E083 (4/02)