2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000009982

1. Entity Name
TOROXEL TRAINING SERVICES, LLC

Principal Place of Business	Mailing Address
100 W STIRLING WAY LEESBURG, FL 34788	100 W STIRLING WAY LEESBURG, FL 34788

07082004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1112332
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TOROXEL, HEINZ
100 W STIRLING WAY
LEESBURG, FL 34788

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

000001165980
07/19/04-80006-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TOROXEL, HEINZ
STREET ADDRESS	100 W STIRLING WAY
CITY-ST-ZIP	LEESBURG, FL 347882781
TITLE	MGRM
NAME	TOROXEL, CHRISTA
STREET ADDRESS	100 W. STIRLING WAY
CITY-ST-ZIP	LEESBURG, FL 347882781
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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: Christa Toroxel 7-14-04 352-357-5859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #