

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020314

Entity Name: ORC TRAINING, LLC

FILED
Feb 01, 2006
Secretary of State

Current Principal Place of Business:

439 NE 7TH AVENUE
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

439 NE 7TH AVENUE
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 03-0376974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRP () Delete
Name: COLAN MUTH, CATHERINE
Address: 4201 N OCEAN DRIVE # 206
City-St-Zip: HOLLYWOOD, FL 33019

Title: ST () Delete
Name: AMMAR, KAREN S
Address: 1320 FUNSTON STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP () Delete
Name: BARNES, ELISSA
Address: 1103 IVANHOE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COLAN MUTH, CATHERINE
Address: 4201 N OCEAN DRIVE # 206
City-St-Zip: HOLLYWOOD, FL 33019

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CATHERINE COLAN MUTH

MGRM

02/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date