

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90002 023 ****55.00

DOCUMENT # L01000020314

1. Entity Name

ORC TRAINING, LLC



Principal Place of Business

**1500 CORDOVA ROAD
SUITE 210
FT. LAUDERDALE FL 33316**

Mailing Address

**1500 CORDOVA ROAD
SUITE 210
FT. LAUDERDALE FL 33316**

2. Principal Place of Business

439 N.E. 7th Avenue

Suite, Apt. #, etc.

3. Mailing Address

439 N.E. 7th Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33301

Country

Zip

33301

Country

4. FEI Number

03-0376974

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**COLAN MUTH, CATHERINE
1500 CORDOVA ROAD
SUITE 210
FT. LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name

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

439 N.E. 7th Avenue

City **Fort Lauderdale**

FL

Zip Code

33301

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

Catherine Colan Muth

Catherine Colan Muth

3/18/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MUTH, CATHERINE C**
STREET ADDRESS **4201 N OCEAN DRIVE # 206**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *C. Colan Muth*

Colan Muth / Manager

3/18/03

(954) 763-5700

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

Date

Daytime Phone #

CR2E083 (10/02)