

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000010950

Entity Name: TOMPKINS TRAINING, LLC

**FILED**  
**Jan 15, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

12037 LAKE BUTLER BLVD.  
WINDERMERE, FL 34786 US

**New Principal Place of Business:**

**Current Mailing Address:**

12037 LAKE BUTLER BLVD.  
WINDERMERE, FL 34786 US

**New Mailing Address:**

FEI Number: 16-1667563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COULTHER, CHRISTOPHER G  
800 NORTH MAGNOLIA AVENUE  
SUITE 1700  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

LACINAK, CLINTON T  
10404 DOWN LAKEVIEW CIRCLE  
WINDERMERE, FL 34786 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: CLINTON T. LACINAK

01/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TOMPKINS, KATHY  
Address: 12032 LAKE BUTLER BLVD  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: KATHY L. TOMPKINS

MGRM

01/15/2008

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