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LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000010950

1. Entity Name **TOMPKINS TRAINING, LLC**

DOC. # L02000010950



55052693

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12037 LAKE BUTLER BLVD.
Suite, Apt. B, etc.

3. Mailing Address
12037 LAKE BUTLER BLVD.
Suite, Apt. B, etc.

City & State
WINDERMERE FL.
Zip
34786

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WINDERMERE FL.
Zip
34786

4. FEI Number
16-1667563

Applied For
☒ Not Applicable

Country
ORANGE

Country
ORANGE

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

DO NOT WRITE IN THIS SPACE

Name
CHRISTOPHER S. COULTER
Street Address (If Or Shareholder Is Not Acceptable)
600 NORTH MAGNOLIA AVE
SUITE 1700
City
ORLANDO FL Zip Code
32803

6. 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 **Charles P. Tompkins**

6/17/2003

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
KATHY TOMPKINS
12037 LAKE BUTLER BLVD.
WINDERMERE FL 34786

TITLE
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CITY-STATE-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)(c), 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: **Charles Tompkins**

4/21/2003 (407)225-5044