


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
08 SEP -2 AM 9:05
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000064808			
1. Entity Name COMMERCIAL TRAINING SOLUTIONS, LLC			
Principal Place of Business 3251 PROGRESS DRIVE, ROOM 110-111 ORLANDO, FL 32826 US		Mailing Address 3251 PROGRESS DRIVE, ROOM 110-111 ORLANDO, FL 32826 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
QUITTER, DONALD R JR. 297 LAURENBURG LANE OCOE, FL 34781		Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue City Tallahassee FL 32301	
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 <u>Katie Wansch, Asst. Sec.</u> <i>Katie Wansch, Assistant Secretary 9/2/08</i>			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Donald Quitter 3251 Progress Drive Room 110-111 Orlando, FL 32826	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	400135372344 09/04/08--01036--004 **138.75
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Dan R Co</u>		Date: <u>9/30/08</u> 321-230-3984	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	