

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000115897

**FILED**  
**Aug 27, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA SAFETY TRAINING CONSULTANTS LLC

**Current Principal Place of Business:**

6825 FOX CHASE DR.  
LAKELAND, FL 33810 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 90094  
LAKELAND, FL 33804 US

**New Mailing Address:**

**FEI Number:** 86-1153624      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PAXTON, LEE C  
6825 FOX CHASE DRIVE  
LAKELAND, FL 33810 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: MRS.  
Name: PAXTON, LEE C  
Address: 6825 FOX CHASE DRIVE  
City-St-Zip: LAKELAND, FL 33810 US

I hereby 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: LEE PAXTON

MRS.

08/27/2012

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