

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009470

FILED
Mar 31, 2009
Secretary of State

Entity Name: PRIVATE INVESTIGATOR TRAINING INSTITUTE, LLC

Current Principal Place of Business:

2505 NORTH STATE RD 7
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

2505 NORTH STATE RD 7
MARGATE, FL 33063 US

New Mailing Address:

FEI Number: 20-4268997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, PETE W
1919 N. STATE ROAD 7
107
MARGATE, FL 33463 US

Name and Address of New Registered Agent:

MCDONALD, PETE W
2505 N. STATE ROAD 7
MARGATE, FL 33063 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:

03/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RUSIN, STEVEN A
Address: 1919 N. STATE ROAD 7, SUITE 107
City-St-Zip: MARGATE, FL 33463 US

Title: MGR () Delete
Name: MCDONALD, PETE W
Address: 1919 N. STATE ROAD 7, SUITE 201A
City-St-Zip: MARGATE, FL 33463

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: MCDONALD, PETE W
Address: 2505 N. STATE ROAD 7
City-St-Zip: MARGATE, FL 33063 US

Title: VP (X) Change () Addition
Name: RUSIN, STEVEN A
Address: 2505 N. STATE ROAD 7
City-St-Zip: MARGATE, FL 33063

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: PETE MCDONALD

P

03/31/2009

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