

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000009470

**FILED**  
**Feb 06, 2012**  
**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  
2505 N. STATE ROAD 7  
MARGATE, FL 33063 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: P  
Name: MCDONALD, PETE W  
Address: 2505 N. STATE ROAD 7  
City-St-Zip: MARGATE, FL 33063 US

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

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: PETE MCDONALD

PRES

02/06/2012

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