

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000005688

**FILED**  
**Mar 07, 2008**  
**Secretary of State**

**Entity Name:** FORENSIC TRAINING INSTITUTE, LLC

**Current Principal Place of Business:**

220 MOSES CREEK BOULEVARD  
SAINT AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

**Current Mailing Address:**

220 MOSES CREEK BOULEVARD  
SAINT AUGUSTINE, FL 32086 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

LAVENDER, KYLE  
873 WESTBAY DRIVE  
105  
LARGO, FL 3377 US

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

TAYLOR, KARLA M  
220 MOSES CREEK BLVD  
SAINT AUGUSTINE, FL 32086 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: KARLA M. TAYLOR

03/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DEISLER, FRANK  
Address: 220 MOSES CREEK BOULEVARD  
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FRANK JOHN DEISLER

MGRM

03/07/2008

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