

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031966

**FILED**  
**Mar 31, 2008**  
**Secretary of State**

**Entity Name:** TRUSTED ADVISOR TRAINING, LLC

**Current Principal Place of Business:**

4150 AUSTEN FALLS LANE  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

4150 AUSTEN FALLS LANE  
ORLANDO, FL 32828

**New Mailing Address:**

1900 THE EXCHANGE  
425  
ATLANTA, GA 30339

**FEI Number:** 20-8915598

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, TRAVIS  
4150 AUSTEN FALLS LANE  
ORLANDO, FL 32828 US

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

HUGGINS, DOUGLAS  
1900 THE EXCHANGE  
425  
ATLANTA, FL 30339 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:** DOUGLAS HUGGINS

03/31/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR. ( ) Change (X) Addition  
Name: HUGGINS, DOUGLAS  
Address: 1060 WOODRUFF PLANTATION PARKWAY  
City-St-Zip: MARIETTA, GA 30067

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:** DOUGLAS HUGGINS

MGRM

03/31/2008

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