

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083347

FILED
Apr 23, 2009
Secretary of State

Entity Name: INVESTIGATIVE TRAINING, LLC

Current Principal Place of Business:

537 US HIGHWAY ONE
SUITE 6
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

962 NORTHLAKE BOULEVARD
PMB 159
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: 26-3281782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAKLEY, TIMOTHY J
537 US HIGHWAY ONE
SUITE 8
NORTH PALM BEACH, FL 33408 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: MGRM () Delete
Name: STRAW, WILLIAM W
Address: 537 US HIGHWAY ONE, SUITE 8
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM () Delete
Name: BUECHELE, JON
Address: 537 US HIGHWAY ONE, SUITE 8
City-St-Zip: NORTH PALM BEACH, FL 33408

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

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: BLAKLEY, TIMOTHY J
Address: 522 CAPTAINS ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

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: TIMOTHY J BLAKLEY

MGRM

04/23/2009

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