

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115078

FILED
Apr 27, 2009
Secretary of State

Entity Name: SURBURBAN FIRE TRAINING, LLC

Current Principal Place of Business:

4349 CATAWBA DRIVE
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

4349 CATAWBA DRIVE
GULF BREEZE, FL 32563

New Mailing Address:

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

Name and Address of Current Registered Agent:

ISAKSON, CURT
4349 CATAWBA DRIVE
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

ISAKSON, WILBUR C
4349 CATAWBA DRIVE
GULF BREEZE, FL 32563 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: WILBUR C. ISAKSON

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: P () Change (X) Addition
Name: ISAKSON, WILBUR C
Address: 4349 CATAWBA DRIVE
City-St-Zip: GULF BREEZE, FL 32563 US

Title: VP () Change (X) Addition
Name: ISAKSON, JESSICA L
Address: 4349 CATAWBA DRIVE
City-St-Zip: GULF BREEZE, FL 32563 US

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: WILBUR ISAKSON

P

04/27/2009

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