

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000090805

Entity Name: MARCAP TRAINING, LLC

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

3230 BLACK PINE AVE.  
WINTER PARK, FL 32792 US

## **New Principal Place of Business:**

155 WHISPERING PINES TRL  
INTERLACHEN, FL 32148 US

## **Current Mailing Address:**

3230 BLACK PINE AVE.  
WINTER PARK, FL 32792 US

## **New Mailing Address:**

PO BOX 490  
INTERLACHEN, FL 32148 US

FEI Number: 27-0955455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAPROSSI, MARGARET  
3230 BLACK PINE AVE.  
WINTER PARK, FL 32792 US

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

CAPROSSI, MARGARET  
155 WHISPERING PINES TRL  
INTERLACHEN, FL 32148 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:

03/15/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CAPROSSI, MARGARET  
Address: 155 WHISPERING PINES TRL  
City-St-Zip: INTERLACHEN, FL 32148 US

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: MARGARET CAPROSSI

MGRM

03/15/2012

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