

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000091507

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** SOUTHWESTERN VOCATIONAL TRAINING, LLC

**Current Principal Place of Business:**

3100 DEL PRADO BLVD SOUTH  
UNIT 303  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

3100 DEL PRADO BLVD SOUTH  
SUITE 303  
CAPE CORAL, FL 33904 UN

**Current Mailing Address:**

3100 DEL PRADO BLVD SOUTH  
UNIT 303  
CAPE CORAL, FL 33904

**New Mailing Address:**

3100 DEL PRADO BLVD SOUTH  
SUITE 303  
CAPE CORAL, FL 33904 UN

**FEI Number:** 27-0994654

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PLANCHER, ELIE  
3100 DEL PRADO BLVD SOUTH  
UNIT 303  
CAPE CORAL, FL 33904 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  
Name: DORISME, SYLVIA K  
Address: 3100 DEL PRADO BLVD S. # 303  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM  
Name: PLANCHER, JEAN-RONEL  
Address: 3100 DEL PRADO BLVD S. # 303  
City-St-Zip: CAPE CORAL, FL 33904

Title: MGR  
Name: PLANCHER, ELIE  
Address: 3100 DEL PRADO BLVD S. # 303  
City-St-Zip: CAPE CORAL, FL 33904

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: SYLVIA DORISME

SD

04/11/2012

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