

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000122017

FILED
Apr 24, 2012
Secretary of State

Entity Name: MOBILE MED TRAINING LLC

Current Principal Place of Business:

5 HAVEN WOOD TRAIL
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

5 HAVEN WOOD TRAIL
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 27-1629062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALE, SHARON M
883 WEST GRANADA BOULEVARD.
ORMOND BEACH, FL 32174 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: MGR
Name: ROBERTS, MICHAEL E
Address: 5 HAVEN WOOD TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM
Name: ROBERTS, DEBORAH S
Address: 5 HAVEN WOOD TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

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: MICHAEL E ROBERTS

MGR

04/24/2012

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