

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000122819

Entity Name: FORCE 3 TRAINING LLC

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2615 ASHFIELD COURT  
SAINT AUGUSTINE, FL 32092 US

**New Principal Place of Business:**

1515 COUNTY RD 210  
206-207  
ST. JOHNS, FL 32259 US

**Current Mailing Address:**

2220 COUNTY RD 210 W., STE 108, BOX 432  
ST, JOHNS, FL 32259

**New Mailing Address:**

FEI Number: 27-1566463      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

PECK, EDWARD W  
2615 ASHFIELD COURT  
SAINT AUGUSTINE, FL 32092 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: PECK, EDWARD W  
Address: 2615 ASHFIELD COURT  
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: MGRM  
Name: HICKS, BRANNON L  
Address: 4945 GARDEN MOSS CIRCLE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32257 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: EDWARD PECK

MGRM

03/16/2011

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