

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000109054

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** THE SOFT SKILLS TRAINING INSTITUTE OF FLORIDA LLC

**Current Principal Place of Business:**

321 N. DEVILLIERS STREET  
SUITE 230  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

321 N. DEVILLIERS STREET  
SUITE 230  
PENSACOLA, FL 32501

**New Mailing Address:**

**FEI Number:** 45-3415503

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** RIGSBY, JOHN A  
**Address:** 321 N. DEVILLIERS STREET, SUITE 230  
**City-St-Zip:** PENSACOLA, FL 32501

**Title:** MGRM  
**Name:** GRIFFEN, JESSICA A  
**Address:** 321 N. DEVILLIERS STREET, SUITE 230  
**City-St-Zip:** PENSACOLA, FL 32501

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:** JESSICA A. GRIFFEN

MS.

04/30/2012

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