

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000008405

**FILED**  
**Feb 11, 2010**  
**Secretary of State**

**Entity Name:** BAY GROVE TRAINING CENTER, LLC

**Current Principal Place of Business:**

6851 SW 66TH STREET  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

6851 SW 66 ST  
OCALA, FL 34476

**New Mailing Address:**

**FEI Number:** 59-3616847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASSE, MARK E  
6851 SW 66TH STREET  
OCALA, FL 34476 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: CASSE, MARK E  
Address: 6851 SW 66TH ST  
City-St-Zip: Ocala, FL 34476

Title: MGRM  
Name: CASSE, TINA M  
Address: 6851 SW 66TH ST  
City-St-Zip: Ocala, FL 34476

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: TINA CASSE

MGRM

02/11/2010

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