

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003690

**FILED**  
**Mar 20, 2008**  
**Secretary of State**

**Entity Name:** ENGELMAN CONSULTING & TRAINING, L.L.C.

**Current Principal Place of Business:**

11589 PLANTATION PRESERVE CIR S  
FORT MYERS, FL 33966

**New Principal Place of Business:**

8310 WHISKEY PRESERVE CIRCLE  
UNIT #216  
FORT MYERS, FL 33919

**Current Mailing Address:**

11589 PLANTATION PRESERVE CIR S  
FORT MYERS, FL 33966

**New Mailing Address:**

**FEI Number:** 05-0521598

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ENGELMAN, STEVEN  
11589 PLANTATION PRESERVE CIR S  
FORT MYERS, FL 33966 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 ( ) Delete  
**Name:** ENGELMAN, STEVEN  
**Address:** 11589 PLANTATION PRESERVE CIR S  
**City-St-Zip:** FORT MYERS, FL 33966

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** STEVEN S. ENGELMAN

MGRM

03/20/2008

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