

**2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000002973

**Entity Name:** ILTP TRAINING CENTER, LLC

**Current Principal Place of Business:**

11732 DELWICK DRIVE  
WINDERMERE, FL 34786

**Current Mailing Address:**

P.O. BOX 2160  
WINDERMERE, FL 34786 US

**FEI Number:** 27-1658756

**Certificate of Status Desired:** Yes

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

BROWN, GARY  
8211 WEST BROWARD BLVD. SUITE#  
SUITE#370  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name ELLIS, JEFF  
Address 13001 MULBERRY PARK DRIVE  
UNIT#125  
City-State-Zip: WINDERMERE FL 32821

Title MGRM  
Name CINELLI, ELAINE  
Address 11732 DELWICK DRIVE  
City-State-Zip: WINDERMERE FL 34786

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: ELAINE CINELLI

VP

02/12/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date