

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000139995

**Entity Name:** PANOPLY TRAINING LLC

**Current Principal Place of Business:**

1604 CYPRESS WOODS CIRCLE  
ST. CLOUD, FL 34772

**Current Mailing Address:**

1604 CYPRESS WOODS CIRCLE  
ST. CLOUD, FL 34772 US

**FEI Number:** 46-1347412

**Certificate of Status Desired:** No

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

SAMUELSON, GUY  
1604 CYPRESS WOODS CIRCLE  
ST. CLOUD, FL 34772 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           MANAGING MEMBER  
Name           SAMUELSON, GUY M  
Address        1604 CYPRESS WOODS CIRCLE  
City-State-Zip: ST. CLOUD FL 34772

*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:** GUY SAMUELSON

**OWNER**

**02/06/2017**

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

\_\_\_\_\_  
Date