

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000093904

**Entity Name:** AGILE CORPORATE TRAINING LLC

**Current Principal Place of Business:**

9004 SPRING GARDEN WAY  
TAMPA, FL 33626

**Current Mailing Address:**

9004 SPRING GARDEN WAY  
TAMPA, FL 33626

**FEI Number:** 47-1782846

**Certificate of Status Desired:** No

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

CEKAN, CHRIS  
9004 SPRING GARDEN WAY  
TAMPA, FL 33626 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            TRAINING CONSULTANT  
Name            CEKAN, CHRIS  
Address        9004 SPRING GARDEN WAY  
City-State-Zip: TAMPA FL 33626

*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:** CHRIS CEKAN

TRAINING CONSULTANT    04/21/2015

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

\_\_\_\_\_ Date