

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000083790

**Entity Name:** 595 TRUCK TRAINING INSTITUTE, LLC

**Current Principal Place of Business:**

2705 BURRIS RD  
DAVIE, FL 33314

**Current Mailing Address:**

2705 BURRIS RD  
DAVIE, FL 33314 US

**FEI Number:** 47-3971475

**Certificate of Status Desired:** No

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

RODRIGUEZ, NORKA  
2705 BURRIS RD  
DAVIE, FL 33314 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 MBR  
Name BRAUSER, GERALD  
Address 2705 BURRIS RD  
City-State-Zip: DAVIE FL 33314

Title MBR  
Name HOFFER, WILLIAM  
Address 2705 BURRIS RD  
City-State-Zip: DAVIE FL 33314

Title MBR  
Name RODRIGUEZ, NORKA  
Address 2705 BURRIS RD  
City-State-Zip: DAVIE FL 33314

Title MMBR  
Name BRAUSER, STEVEN  
Address 2705 BURRIS RD  
City-State-Zip: DAVIE FL 33314

*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:** NORKA RODRIGUEZ

MBR

01/17/2017

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

\_\_\_\_\_  
Date