

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000010172

**Entity Name:** GO PRO TRAINING, LLC

**Current Principal Place of Business:**

1882 CAPITAL CIR NE #102  
TALAHASSEE, FL 32308

**Current Mailing Address:**

PO BOX 3299  
TALLAHASSEE, FL 32315 US

**FEI Number:** 81-1285952

**Certificate of Status Desired:** No

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

ROSIER, SHANNON  
1882 CAPITAL CIR NE #102  
TALLAHASSEE, FL 32308 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 MGR  
Name MARTIN, JOHN  
Address PO BOX 3299  
City-State-Zip: TALLAHASSEE FL 32315

*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:** JOHN MARTIN

**MEMBER**

**04/26/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date