

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000260043

**Entity Name:** SECURITY OFFICER TRAINING INSTITUTE LLC

**Current Principal Place of Business:**

3700 34 TH ST  
100P  
ORLANDO, FL 32805

**Current Mailing Address:**

6904 RIVER OAKS DRIVE  
H101  
ORLANDO, FL 32818

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FUCIEN, NELSON N SR  
6904 RIVER OAKS DRIVE  
H101  
ORLANDO, FL 32818 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           MANAGER  
Name           FUCIEN, NELSON  
Address        6904 RIVER OAKS DRIVE  
                  100P  
City-State-Zip: ORLANDO FL 32818

*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:** NELSON FUCIEN

**MANAGER**

**04/19/2023**

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

\_\_\_\_\_  
Date