

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000084553

**Entity Name:** LEARNING THROUGH FANTASY, LLC

**Current Principal Place of Business:**

12199 LUCCA STREET  
#202  
FT MYERS, FL 33966

**Current Mailing Address:**

12199 LUCCA STREET  
#202  
FT MYERS, FL 33966 US

**FEI Number: 26-2139980**

**Certificate of Status Desired: Yes**

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

KENNY, ROBERT  
12199 LUCCA STREET  
#202  
FT MYERS, FL 33966 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 MGRM  
Name KENNY, ROBERT  
Address 12199 LUCCA STREET  
#202  
City-State-Zip: FT MYERS FL 33966

Title MGRM  
Name GUNTER, GLENDA  
Address 316 REMINGTON DRIVE  
City-State-Zip: OVIEDO FL 32765

*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: ROBERT KENNY**

**PRESIDENT**

**03/29/2019**

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

\_\_\_\_\_  
Date