

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000015922

**FILED**  
**Feb 17, 2020**  
**Secretary of State**  
**9835840755CC**

**Entity Name:** EXAM SERVICES OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

8818 COMMODITY CIRCLE  
#41  
ORLANDO, FL 32819

**Current Mailing Address:**

8818 COMMODITY CIRCLE  
#41  
ORLANDO, FL 32819 US

**FEI Number:** 33-1203435

**Certificate of Status Desired:** No

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

BLANK, LYNN  
5 INDIAN RIVER AVE  
#704  
TITUSVILLE, FL 32796 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            MRS  
Name            BLANK, LYNN  
Address        8818 COMMODITY CIRCLE #41  
City-State-Zip: ORLANDO FL 32819

Title            VP  
Name            BLANK, CARY  
Address        8818 COMMODITY CIRCLE  
                  #41  
City-State-Zip: ORLANDO FL 32819

Title            TREASURER  
Name            WERTZ, JASON  
Address        8818 COMMODITY CIRCLE  
                  #41  
City-State-Zip: ORLANDO FL 32819

*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:** LYNN BLANK

**PRESIDENT**

**02/17/2020**

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

\_\_\_\_\_  
Date