

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000016647

**Entity Name:** LEARNING OF THE ARTS, LLC

**Current Principal Place of Business:**

7895 WEST 5TH LANE  
HIALEAH, FL 33014

**Current Mailing Address:**

7895 WEST 5TH LANE  
HIALEAH, FL 33014

**FEI Number:** 26-1766312

**Certificate of Status Desired:** No

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

LEON, ISABEL  
7895 WEST 5TH LANE  
HIALEAH, FL 33014 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:** ISABEL LEON

04/14/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           LEON, ISABEL  
Address        7895 WEST 5TH LANE  
City-State-Zip: HIALEAH FL 33014

*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:** ISABEL LEON

MANAGER

04/14/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date