#### 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. 02/28/2017 SIGNATURE: EDWARD E.SPEED MGRM

# 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000114872

# Entity Name: NEW HORIZONS OF WEST FLORIDA LLC

## **Current Principal Place of Business:**

119 FERN WAY SANTA ROSA BEACH, FL 32459

## **Current Mailing Address:**

119 FERN WAY SANTA ROSA BEACH. FL 32459 US

## FEI Number: 26-3914848

### Name and Address of Current Registered Agent:

SPEED, EDWARD E 119 FERN WAY SANTA ROSA BEACH, FL 32459 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

# Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	SPEED, A M	Name	SPEED, EDWARD E
Address City-State-Zip:	P.O.BOX 190	Address	119 FERN WAY
		City-State-Zip:	SANTA ROSA BEACH FL 32459
Title			
	MGRM		
Name	SPEED, SALLY K		
	SPEED, SALLY K 27770 CANAL RD UNIT 2208		
Name	SPEED, SALLY K		
Name	SPEED, SALLY K 27770 CANAL RD UNIT 2208 P.O.BOX 190		

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 28, 2017 Secretary of State CC2216097610

Certificate of Status Desired: No

Date

Date