

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000058081

Entity Name: TVC ACADEMY, LLC

Current Principal Place of Business:

18900 N.E. 25 AVENUE
C/O MICHAEL-ANN RUSSELL JCC
NORTH MIAMI BEACH, FL 33180

Current Mailing Address:

18900 N.E. 25 AVENUE
C/O MICHAEL-ANN RUSSELL JCC
NORTH MIAMI BEACH, FL 33180 US

FEI Number: 45-2428118

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NELSON, BARRY A
2775 SUNNY ISLES BLVD
SUITE 118
NORTH MIAMI BEACH, FL 33160 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 CHAIRMAN
Name MICHAEL , COSTA
Address 3000 CORAL WAY
APT 1206
City-State-Zip: MIAMI FL 33145

Title TREASURER
Name LUCAS, HOWARD
Address 8300 SW 84 TER
City-State-Zip: MIAMI FL 33143

Title CONTROLLER
Name GONZALEZ, CARIELKA
Address 18900 NE 25TH AVENUE
City-State-Zip: NORTH MIAMI BEACH FL 33180

Title VC
Name NELSON, BARRY
Address 200 GOLDEN BEACH DR.
City-State-Zip: GOLDEN BEACH FL 33160

Title BOARD MEMBER
Name DUBREUZE, MIRLENE
Address 13566 NW 7TH CT
City-State-Zip: PEMBROKE PINES FL 33028

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: CARIELKA GONZALEZ

CONTROLLER

01/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date