

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000018660

**Entity Name:** LAKELAND LEARNING CENTER LLC

**Current Principal Place of Business:**

1804 RICHMOND RD.  
LAKELAND, FL 33803

**Current Mailing Address:**

616 LAKE HOLLINGSWORTH DR.  
LAKELAND, FL 33803

**FEI Number:** 45-4488992

**Certificate of Status Desired:** No

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

LOSSON, DEVERA  
616 LAKE HOLLINGSWORTH DR.  
LAKELAND, FL 33803 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 LOSSON, DEVERA  
Address 616 LAKE HOLLINGSWORTH DR.  
City-State-Zip: LAKELAND FL 33803

*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:** DEVERA LOSSON

**MGR MEMBER**

**01/06/2015**

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

\_\_\_\_\_  
Date