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. 04/27/2017

DIR. OF PROGRAM DEVELOPMENT

SIGNATURE: JULIA WESTER

Electronic Signature of Signing Authorized Person(s) Detail

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:

Author

Title	AMBR	Title	AMBR
Name	MACDONALD, CATHERINE	Name	WESTER, JULIA N
Address	3373 CHARLES AVE	Address	3373 CHARLES AVE
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133
Title	AMBR		
Name	PANKOW, CHRISTIAN J		
Address	3373 CHARLES AVE		
Address City-State-Zip:	3373 CHARLES AVE MIAMI FL 33133		

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000030278

Entity Name: FIELD SCHOOL SCIENTIFIC TRAINING LLC

Current Principal Place of Business:

3373 CHARLES AVE MIAMI, FL 33133

Current Mailing Address:

3109 GRAND AVE #154 MIAMI. FL 33133

FEI Number: 47-1442746

Name and Address of Current Registered Agent:

MACDONALD, CATHERINE 3373 CHARLES AVE MIAMI, FL 33133 US

	Electronic Signature of Registered Agent					
prized Person(s) Detail :						
	AMBR	Title	AMBR			
	MACDONALD, CATHERINE	Name	WESTER, JULIA N			
S	3373 CHARLES AVE	Address	3373 CHARLES AVE			
ate-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133			
	AMBR PANKOW, CHRISTIAN J					

Certificate of Status Desired: No

FILED Apr 27, 2017 Secretary of State CC6874020152

Date

Date