

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000086000

Entity Name: A15 INVESTMENTS LLC

Current Principal Place of Business:

290 CITRUS TOWER BLVD.
STE 207
CLERMONT, FL 34711

FILED
Jan 19, 2021
Secretary of State
9160410632CC

Current Mailing Address:

290 CITRUS TOWER BLVD.
STE 207
CLERMONT, FL 34711 US

FEI Number: 47-0986215

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DRUMMOND CPA LLC
601 BRICKELL KEY DR, SUITE 901
MIAMI, FL 33131 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: BRUNO DRUMMOND

01/19/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name CAPER INVESTMENTS LLC
Address 7901 KINGSPONTE PKWY STE 17
City-State-Zip: ORLANDO FL 32819

Title AUTHORIZED MEMBER
Name DE MELO AGUIAR, MARIA ALICE
Address 13108 LAKESHORE GROVE DR.
City-State-Zip: WINTER GARDEN FL 34787

Title AUTHORIZED MEMBER
Name AZEVEDO FRACON, MAURICIO
Address 13108 LAKESHORE GROVE DR.
City-State-Zip: WINTER GARDEN FL 34787

Title AUTHORIZED MEMBER
Name JCOGA LLC
Address 7901 KINGSPONTE PKWY STE 17
City-State-Zip: ORLANDO FL 32819

Title AUTHORIZED MEMBER
Name LSARTOL LLC
Address 7901 KINGSPONTE PKWY STE 17
City-State-Zip: ORLANDO FL 32819

Title AUTHORIZED MEMBER
Name ETOLEDO ASSOCIATES LLC
Address 7901 KINGSPONTE PKWY STE 17
City-State-Zip: ORLANDO FL 32819

Title AUTHORIZED MEMBER
Name BFO INVESTMENTS LLC
Address 7901 KINGSPONTE PKWY STE 17
City-State-Zip: ORLANDO FL 32819

Title MANAGER
Name THREE COLORS FLAG LLC
Address 290 CITRUS TOWER BLVD, STE 207
City-State-Zip: CLERMONT FL 34787

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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: KAREN C NAMIE KATO

AMBR

01/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED MEMBER
Name LARSON, CAROLINE
Address 7901 KINGSPONTE PKWY STE 17
City-State-Zip: ORLANDO FL 32819

Title AUTHORIZED MEMBER
Name K16MK LLC
Address 15231 HARROWGATE WAY
City-State-Zip: WINTER GARDEN FL 34787

Title AUTHORIZED MEMBER
Name KATO, KAREN C NAMIE
Address 15231 HARROWGATE WAY
City-State-Zip: WINTER GARDEN FL 34787