

2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

Oct 19, 2017

Secretary of State

CC9606310938

DOCUMENT# L14000086000

Entity Name: A15 INVESTMENTS LLC

Current Principal Place of Business:

1710 S HWY 27
CLERMONT, FL 34711

Current Mailing Address:

1710 S HWY 27
CLERMONT, FL 34711 US

FEI Number: 47-0986215

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARSON ACCOUNTING AND CONSULTING SERVICES
7901 KINGSPONTE PKWY STE 17
ORLANDO, FL 32819 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 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 6150 METROWEST BLVD STE 305B
City-State-Zip: ORLANDO FL 32835

Title AUTHORIZED MEMBER
Name AZEVEDO FRACON, MAURICIO
Address 6150 METROWEST BLVD SUITE 305B
City-State-Zip: ORLANDO FL 32835

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 AMERICA EDUCATION MANAGEMENT LLC
Address 7901 KINGSPONTE PKWY STE 17
City-State-Zip: ORLANDO FL 32819

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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: CAROLINE LARSON

AUTHORIZED MEMBER

10/19/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name THREE COLORS FLAG LLC
Address 6150 METROWEST BLVD
 SUITE 305B
City-State-Zip: ORLANDO FL 32835

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 7901 KINGSPONTE PKWY STE 17
City-State-Zip: ORLANDO FL 32819