

**2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L14000086000

**FILED**  
**Dec 09, 2016**  
**Secretary of State**  
**CC0058243594**

**Entity Name:** A15 INVESTMENTS LLC

**Current Principal Place of Business:**

6150 METROWEST BLVD  
SUITE 305B  
ORLANDO, FL 32835

**Current Mailing Address:**

6150 METROWEST BLVD  
SUITE 305B  
ORLANDO, FL 32835 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 GARCIA PEREIRA, MARCOS ANTONIO  
Address 6150 METROWEST BLVD STE 305B  
City-State-Zip: ORLANDO FL 32835

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 COGA, JORGE  
Address RUA VICENTE DE CARVALHO, 716 AP  
91  
City-State-Zip: SAO BERNARDO DO CAMPO SP  
09732-600

Title AUTHORIZED MEMBER  
Name ARNALDO SARTOLETO, LUIS  
Address RUA LUIZ FERREIRA DA SILVA, 352  
AP 84  
City-State-Zip: SAO BERNARDO DO CAMPO SP  
09732-340

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

Title AUTHORIZED MEMBER  
Name BIONDO BASTOS, DANIEL ANTONIO  
Address 6150 METROWEST BLVD  
SUITE 305B  
City-State-Zip: ORLANDO FL 32835

Title MANAGER  
Name AMERICA EDUCATION MANAGEMENT  
LLC  
Address 6150 METROWEST BLVD  
SUITE 305B  
City-State-Zip: ORLANDO FL 32835

**Continues on page 2**

*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:** DANIEL AGUIAR DE MELO

**MGR**

**12/09/2016**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           MANAGER  
Name           AGUIAR DE MELO, DANIEL  
Address        6150 METROWEST BLVD  
                  SUITE 305B  
City-State-Zip: ORLANDO FL 32835