

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000086000

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
8615 COMMODITY CIR STE 06
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 AZEVEDO FRACON, MAURICIO
Address 6150 METROWEST BLVD
SUITE 305B
City-State-Zip: ORLANDO FL 32835

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 BIONDO BASTOS, DANIEL ANTONIO
Address 6150 METROWEST BLVD
SUITE 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 COGA, JORGE
Address RUA VICENTE DE CARVALHO, 716 AP
91
City-State-Zip: SAO BERNARDO DO CAMPO SP
09732-600

Title AUTHORIZED MEMBER
Name TOLEDO, EDUARDO
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

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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

AMBR

01/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED MEMBER
Name NAMIE KATO, KAREN CRISTINA
Address RUA JOSE LIMA FILHO 95
City-State-Zip: SAO BERNARDO DO CAMPO SP 09812-330

Title AUTHORIZED MEMBER
Name LARSON, CAROLINE
Address 8615 COMMODITY CIR STE 06
City-State-Zip: ORLANDO FL 32819