

**2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

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

Title AUTHORIZED MEMBER  
Name LSARTOL 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 AUTHORIZED MEMBER  
Name DE MELO AGUIAR, MARIA ALICE  
Address 6150 METROWEST BLVD STE 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 ETOLEDO ASSOCIATES 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                 K16MK LLC  
Address             7901 KINGSPONTE PKWY STE 17  
City-State-Zip:    ORLANDO FL 32819

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