

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000007925

**Entity Name:** ADVISORS ACADEMY PRESS, LLC

**Current Principal Place of Business:**

1400 SE 7TH AVENUE #2  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

P.O. BOX 1694  
POMPANO BEACH, FL 33061 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
A  
TAMPA, FL 33612 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 AMBR  
Name OHALLORAN, MICHELLE  
Address 1400 SE. 7TH AVENUE #2  
City-State-Zip: POMPAN0 BEACH FL 33060

Title AMBR  
Name SCRANTON, DAVID J.  
Address 2895 NE. 27TH STREET  
City-State-Zip: FT. LAUDERDALE FL 33306

Title AMBR  
Name NEUWIRTH, PAULINE  
Address 19 WEST 21ST STREET S-1101  
City-State-Zip: NEW YORK NY 10010

*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:** MICHELLE OHALLORAN

AMBR

05/21/2019

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

\_\_\_\_\_  
Date