

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000092906

**Entity Name:** AVALON PARK SCHOOL INITIATIVE II, LLC**Current Principal Place of Business:**3801 AVALON PARK EAST BLVD.  
SUITE 400  
ORLANDO, FL 32828**Current Mailing Address:**3801 AVALON PARK EAST BLVD.  
SUITE 400  
ORLANDO, FL 32828 US**FEI Number:** 32-0469551**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DEFILLO, MARYBEL  
3801 AVALON PARK EAST BLVD.  
SUITE 400  
ORLANDO, FL 32828 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	MANAGER
Name	ADPMUNI, LLC.
Address	1819 GOODWIN ST.
City-State-Zip:	JACKSONVILLE FL 32204

Title	VP, SECRETARY
Name	DEFILLO, MARYBEL
Address	3801 AVALON PARK EAST BLVD. SUITE 400
City-State-Zip:	ORLANDO FL 32828

Title	MGR
Name	AVALON ASSOCIATES OF DELAWARE, LP
Address	3801 AVALON PARK EAST BLVD. SUITE 400
City-State-Zip:	ORLANDO FL 32828

*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:** MARYBEL DEFILLO

VP

03/07/2023

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