

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000154754

Entity Name: THE FLAME OUTFLOW CENTER, LLC

Current Principal Place of Business:

16400 NW 15TH AVE
MIAMI, FL 33169

Current Mailing Address:

16400 NW 15TH AVE
MIAMI, FL 33169 US

FEI Number: 47-5104039

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CITY INNOVATION SCHOOL
16400 NW 15TH AVE
MIAMI, FL 33169 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: KIYATA BRANKER

04/07/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CITY INNOVATION SCHOOL
Address 16400 NW 15TH AVE
City-State-Zip: MIAMI FL 33169

Title AUTHORIZED REPRESENTATIVE
Name BRANKER, KIYATA
Address 16400 NW 15TH AVE
City-State-Zip: MIAMI FL 33169

Title AMBR
Name BRANKER, MESHELL
Address 16400 NW 15TH AVE
City-State-Zip: MIAMI FL 33169

Title AMBR
Name MAGWOOD, SHERRY
Address 16400 NW 15TH AVE
City-State-Zip: MIAMI FL 33169

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: KIYATA BRANKER

**AUTHORIZED
REPRESENTATIVE**

04/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date