

**2020 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

07/24/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	CITY INNOVATION SCHOOL	Name	BRANKER, KIYATA
Address	16400 NW 15TH AVE	Address	16400 NW 15TH AVE
City-State-Zip:	MIAMI FL 33169	City-State-Zip:	MIAMI FL 33169
Title	AMBR	Title	AMBR
Name	BRANKER, MESHELL	Name	MAGWOOD, SHERRY
Address	16400 NW 15TH AVE	Address	16400 NW 15TH AVE
City-State-Zip:	MIAMI FL 33169	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**

07/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date