

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000184314

**Entity Name:** 1949 SANSBURYS WAY, LLC

**Current Principal Place of Business:**

8401 BELVEDERE ROAD  
C/O THE KING'S ACADEMY  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

8401 BELVEDERE ROAD  
C/O THE KING'S ACADEMY  
WEST PALM BEACH, FL 33411 US

**FEI Number:** 59-1298881

**Certificate of Status Desired:** No

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

LOVELAND, JEFFREY M  
8401 BELVEDERE RD.  
WEST PALM BEACH, FL 33411 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:** JEFFREY M. LOVELAND

01/12/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name THE KING'S ACADEMY, INC.  
Address 8401 BELVEDERE ROAD  
City-State-Zip: WEST PALM BEACH FL 33411

Title COO  
Name LOVELAND, JEFFREY M  
Address 8401 BELVEDERE ROAD  
C/O THE KING'S ACADEMY  
City-State-Zip: WEST PALM BEACH FL 33411

Title CFO  
Name WELLMAN, PETER  
Address 8401 BELVEDERE RD.  
C/O THE KING'S ACADEMY  
City-State-Zip: WEST PALM BEACH FL 33411

Title P  
Name MARTIN, RANDAL  
Address 8401 BELVEDERE RD.  
C/O THE KING'S ACADEMY  
City-State-Zip: WEST PALM BCH FL 33411

*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:** PETER WELLMAN

CFO

01/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date