

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000130001

Entity Name: FOUR CORNERS SWORD SCHOOL LLC

Current Principal Place of Business:

5551 LAKEWOOD CIRCLE E.
JACKSONVILLE, FL 32207

Current Mailing Address:

5551 LAKEWOOD CIRCLE E.
JACKSONVILLE, FL 32207 US

FEI Number: 81-3185080

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARK E COOK CPA LLC
5551 LAKEWOOD CIRCLE E.
JACKSONVILLE, FL 32207 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 MGR
Name PILCHER, MICAH P
Address 5551 LAKEWOOD CIRCLE E.
City-State-Zip: JACKSONVILLE FL 32207

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: MICAH PILCHER

MANAGER

04/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date