

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000145928

Entity Name: ADVANCED LEARNING ACADEMY, LLC**Current Principal Place of Business:**1012 DONALD RD
NORTH FORT MYERS, FL 33917**Current Mailing Address:**1012 DONALD RD
NORTH FORT MYERS, FL 33917 US**FEI Number: 81-3452441****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DONALDSON, HEATHER
1012 DONALD ROAD
NORTH FORT MYERS, FL 33917 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:** HEATHER DONALDSON

01/24/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name DEMING, ALEAH
Address 1012 DONALD ROAD
City-State-Zip: NORTH FORT MYERS FL 33917

Title MANAGER
Name CASTELLI, HOPE
Address 1012 DONALD RD
City-State-Zip: NORTH FORT MYERS FL 33917

Title AUTHORIZED MEMBER
Name DONALDSON, HEATHER
Address 1012 DONALD RD
City-State-Zip: NORTH FORT MYERS FL 33917

Title AUTHORIZED MEMBER
Name CASTELLI, JESSE
Address 1012 DONALD RD
City-State-Zip: NORTH FORT MYERS FL 33917

Title AUTHORIZED MEMBER
Name DEMING, GARY
Address 1012 DONALD RD
City-State-Zip: NORTH FORT MYERS FL 33917

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: HOPE CASTELLI

MANAGER

01/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date