

**2019 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: Yes****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****02/01/2019**

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****02/01/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date