

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000273998

Entity Name: THE AVIATOR COLLEGE, LLC

Current Principal Place of Business:

3800 ST LUCIE BLVD
FORT PIERCE, FL 34946

Current Mailing Address:

3800 ST LUCIE BLVD
FORT PIERCE, FL 34946

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, MICHAEL E
3800 ST LUCIE BLVD
FORT PIERCE, FL 34946 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 COHEN, MICHAEL
Address 3800 ST LUCIE BLVD
City-State-Zip: FORT PIERCE FL 34946

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: MICHAEL E COHEN

MGR

04/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date