

**2020 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**

**MANAGER**

**05/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date