

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000170989

**Entity Name:** DYSLEXIA CENTRAL FLORIDA LLC

**Current Principal Place of Business:**

7880 W HWY 326  
OCALA, FL 34482

**Current Mailing Address:**

7880 W HIGHWAY 326  
OCALA, FL 34482 US

**FEI Number:** 59-2267553

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GALLAGHER, TARA D  
7880 W HWY 326  
OCALA, FL 34482 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 GALLAGHER, TARA D  
Address 7880 W HWY 326  
City-State-Zip: Ocala FL 34482

*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:** TARA GALLAGHER

MGR

03/20/2020

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

\_\_\_\_\_ Date