

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000521932

**Entity Name:** THE LEARNING STYLES CENTER, LLC

**Current Principal Place of Business:**

THE LEARNING STYLES CENTER, LLC  
3020 NW 172ND TER  
MIAMI GARDENS, FL 33056

**Current Mailing Address:**

3020 NW 172ND TER, MIAMI GARDENS, FLORIDA,  
3020 NW 172ND TER  
MIAMI GARDENS, FL 33056 UN

**FEI Number:** 88-4374677

**Certificate of Status Desired:** No

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

STANLEY, SABRINA  
3020 NW 172ND TER, MIAMI GARDENS, FLORIDA,  
3020 NW 172ND TER  
MIAMI GARDENS, FL 33056 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 STANLEY, SABRINA  
Address 3020 NW 172ND TER, MIAMI  
GARDENS, FLORIDA,  
City-State-Zip: MIAMI GARDENS FL 33056

*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:** SABRINA STANLEY

**MANAGER**

**05/01/2023**

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

\_\_\_\_\_  
Date