LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90005 019 ****50.00

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DOCUMENT # L02000026956

1. Entity Name
The Academy, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8619 11th Avenue NW	Box 14939
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradeton, FL	City & State: Bradenton FL
Zip: 34209 Country:	Zip: 34280-4939 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4234551 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: John D. Bonanno, Esq.

Street Address (P.O. Box Number Is Not Acceptable)
601 12th Street West

City: Bradenton FL Zip Code: 34205

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SunCoast Concierge, LLC- MGRM Box 14939 Bradeton FL 34280-4939
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDA Florida South, LLC- MGRM 6211 Medici Court, Suite 104 Sarasota FL 34243
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: John D Bonanno Authorized Representative 1/23/2003 (941) 747-1871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #