

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000033777

1. Entity Name
HEATHROW ACADEMY LLC



Principal Place of Business
**902 SPRING VALLEY ROAD
ALTAMONTE SPRINGS, FL 32174**

Mailing Address
**902 SPRING VALLEY ROAD
ALTAMONTE SPRINGS, FL 32174**



04112004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0670658

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KING, P. BRUCE SR
902 SPRING VALLEY ROAD
ALTAMONTE SPRINGS, FL 32714**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000112947
04/14/04-00043-000-50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KING, SR., PATRICK BRUCE
STREET ADDRESS	902 SPRING VALLEY DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	MGRM
NAME	STAFFORD, SHERYL
STREET ADDRESS	197 RIVER VILLAGE DRIVE
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Patrick Bruce King, Sr.* **4-11-04 407-786-1763**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #