

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000004355

**Entity Name:** T'S LEARNING CENTER IV, INC.

**Current Principal Place of Business:**

3033 STE 21 MONUMENT ROAD  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

11761 BEACH BLVD, SUITE 13  
JACKSONVILLE, FL 32246

**FEI Number:** 27-1705507

**Certificate of Status Desired:** No

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

TINA CALAHAN  
4201 BAYMEADOWS ROAD  
STE. 4  
JACKSONVILLE, FL 32217 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

**Officer/Director Detail :**

|                 |                               |                 |                               |
|-----------------|-------------------------------|-----------------|-------------------------------|
| Title           | P                             | Title           | VP                            |
| Name            | ROHLOFF, THERESA M            | Name            | ROHLOFF, MARK                 |
| Address         | 1236 1ST STREET N<br>UNIT 601 | Address         | 1236 1ST STREET N<br>UNIT 601 |
| City-State-Zip: | JACKSONVILLE BEACH FL 32250   | City-State-Zip: | JACKSONVILLE BEACH FL 32250   |

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THERESA ROHLOFF

**PRESIDENT**

**03/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date