

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000026894

**Entity Name:** ALLIANCE ACADEMIES OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

1862 E WINTER PARK ROAD  
ORLANDO, FL 32803

**Current Mailing Address:**

1862 E. WINTER PARK ROAD  
ORLANDO, FL 32803

**FEI Number:** 52-2384353

**Certificate of Status Desired:** No

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

HADDOCK PROFESSIONAL ASSOCIATION  
3300 UNIVERSITY BLVD.  
WINTER PARK, FL 32792 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 MGRM  
Name LYMAN, NIEVES A  
Address 1698 HIBISCUS AVENUE  
City-State-Zip: WINTER PARK FL 32789

Title OFFICER  
Name LYMAN, JENNIFER  
Address 1862 E WINTER PARK ROAD  
City-State-Zip: ORLANDO FL 32803

*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:** NIEVES LYMAN

**OWNER**

**04/29/2019**

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

\_\_\_\_\_  
Date