#### 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: ANNETTE IRAOLA

Electronic Signature of Signing Authorized Person(s) Detail

# Name and Address of Current Registered Agent:

IRAOLA, ANNETTE 6457 SUNSET DRIVE MIAMI, FL 33143 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: ANNETTE IRAOLA

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	MGR
Name	IRAOLA, ANNETTE
Address	6457 SUNSET DRIVE
City-State-Zip:	MIAMI FL 33143

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L06000020276

#### Entity Name: ACADEMICA CHARTER SCHOOLS FACILITY LLC

### **Current Principal Place of Business:**

6457 SUNSET DRIVE MIAMI. FL 33143

### **Current Mailing Address:**

6457 SUNSET DRIVE MIAMI. FL 33143 US

## FEI Number: 20-4373989

MANAGER

FILED Apr 10, 2022 Secretary of State 7287152424CC

Certificate of Status Desired: No

04/10/2022 Date

04/10/2022 Date