

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000117723

**Entity Name:** DAVID COLLINS SCHOOLS, LLC

**Current Principal Place of Business:**

813 N. SPRING STREET  
PENSACOLA, FL 32501

**Current Mailing Address:**

P.O. BOX 448  
PENSACOLA, FL 32591 US

**FEI Number:** 30-0461133

**Certificate of Status Desired:** No

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

COLLINS, DAVID L  
813 N. SPRING STREET  
PENSACOLA, FL 32501 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 COLLINS, DAVID  
Address P.O. BOX 448  
City-State-Zip: PENSACOLA FL 32591

*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:** DAVID L.COLLINS

MGRM

03/29/2023

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

\_\_\_\_\_  
Date