

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000066649

**Entity Name:** ACADEMICA CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

6340 SUNSET DRIVE  
MIAMI, FL 33143

**Current Mailing Address:**

6340 SUNSET DRIVE  
MIAMI, FL 33143

**FEI Number:** 27-0795626

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MGR  
Name ACADEMICA MANAGEMENT, LLC  
Address 6340 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33143

*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:** ACADEMICA MANAGEMENT LLC

MGR

04/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date