#### 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

#### SIGNATURE: DR MICHELLE COMMOSIOUNG

Electronic Signature of Signing Authorized Person(s) Detail

02/20/2019

# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000187981

#### Entity Name: CHELSEA INTERNATIONAL EDUCATION LLC

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

980 NORTH FEDERAL HIGHWAY, SUITE 110 BOCA RATON, FL 33432

## **Current Mailing Address:**

980 NORTH FEDERAL HIGHWAY, SUITE 110 BOCA RATON, FL 33432 US

#### FEI Number: 47-2506189

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

LEGALINC CORPORATE SERVICES, INC. 5237 SUMMERLIN COMMONS SUITE 400 FORT MYERS, FL 33907 US

The above named entity submits this sta

# SIGNATURE:

Electronic Signa

#### Authorized Person(s) Deta

Title	AMBR	Title	AMBR	
Name	COMMOSIOUNG, MICHELLE	Name	VERNON, MONICA	
Address	980 NORTH FEDERAL HIGHWAY, SUITE 110	Address	980 NORTH FEDERAL HIGHWAY, SUITE 110	
City-State-Zip:	BOCA RATON FL 33432	City-State-Zip:	BOCA RATON FL 33432	

atement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Florida.	
ature of Registered Agent			Date
ail :			
	Title	AMBR	
. MICHELLE	Name	VERNON, MONICA	

that my name appears above, or on an attachment with all other like empowered.

Date

## FILED Feb 20, 2019 Secretary of State 5655520290CC

Certificate of Status Desired: No

DIRECTOR