

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000152422

Entity Name: SCHOLARS OF SUCCESS PRESCHOOL LLC**Current Principal Place of Business:**5398 SILVER STAR ROAD
ORLANDO, FL 32808**Current Mailing Address:**P.O. BOX 560591
ORLANDO, FL 32856 US**FEI Number:** 83-1501031**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WILLINGHAM, JULIE
4068 WINFORD CIRCLE
ORLANDO, FL 32839 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 | PRESIDENT |
| Name | WILLINGHAM, JULIE S |
| Address | 5398 SILVER STAR ROAD |
| City-State-Zip: | ORLANDO FL 32808 |
| Title | TREASURER, SECRETARY, AUTHORIZED MEMBER |
| Name | WHITE, DAWN |
| Address | 4068 WINFORD CIRCLE |
| City-State-Zip: | ORLANDO FL 32839 |

| | |
|-----------------|---------------------------------------|
| Title | MANAGER, AUTHORIZED REPRESENTATIVE |
| Name | HANSON, LATOYA S |
| Address | 2602 LEMON TREE LANE 5H |
| City-State-Zip: | ORLANDO FL 32839 |

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: JULIE WILLINGHAM

PRESIDENT

06/25/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date