

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000225773

**Entity Name:** FANTASTIKIDS ACADEMY 3, LLC**Current Principal Place of Business:**1606 NE 22 AVE  
OCALA, FL 34470**Current Mailing Address:**2174 BELLCREST CIR  
ROYAL PALM BEACH, FL 33411 US**FEI Number:** 85-2375695**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SHUSTER, ADAM D  
2174 BELLCREST CIR  
ROYAL PALM BEACH, FL 33411 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            | SHUSTER, ADAM D           |
| Address         | 2174 BELLCREST CIR        |
| City-State-Zip: | ROYAL PALM BEACH FL 33411 |

|                 |                           |
|-----------------|---------------------------|
| Title           | MGR                       |
| Name            | SHUSTER, STACEY A         |
| Address         | 2174 BELLCREST CIR        |
| City-State-Zip: | ROYAL PALM BEACH FL 33411 |

|                 |                        |
|-----------------|------------------------|
| Title           | AUTHORIZED MEMBER      |
| Name            | HENNINGHAM, DAVE C JR. |
| Address         | 499 EVERNIA ST W       |
| City-State-Zip: | PALM BEACH FL 33401    |

*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:** ADAM D SHUSTER

MANAGER

01/07/2021

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