

# **APPLICATION FOR RENEWAL OF FICTITIOUS NAME**

REGISTRATION# G15000052047

**Fictitious Name:** EMERALD CITY LEARNING CENTER

**FILED**  
**Dec 04, 2020**  
**Secretary of State**  
**G20000154300**

**Current Mailing Address:**

5411 SOUTEL DR.  
JACKSONVILLE, FL 32219

**New Mailing Address:**

5411 SOUTEL DR  
JACKSONVILLE, FL 32219 UN

**Current County of Principal Place of Business:**

DUVAL

**New County of Principal Place of Business:**

**Current FEI Number:**

59-3578172

**New FEI Number:**

**Current Owner(s):**

Document #: ( ) Delete  
FEI #:  
Name: HUNTLEY, LILLIE R.  
Address: 9427 SPOTTSWOOD RD.  
City-St-Zip: JACKSONVILLE, FL 32208

**Additions/Changes to Owner(s):**

Document #: ( ) Change ( ) Addition  
FEI #:  
Name:  
Address:  
City-St-Zip:

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I understand that the electronic signature below shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

LILLIE R HUNTLEY

12/04/2020

Electronic Signature(s)

Date

**Certificate of Status Requested ( )**

**Certified Copy Requested (X)**