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 608, Florida Statutes; and
that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: JASON HUGHES

Electronic Signature of Signing Authorized Person(s) Detail

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

Authorized Person(s) Detail :

City-State-Zip: SARASOTA FL 34233

Title	MGR	Title	MGR	
Name	HUGHES, JASON	Name	MENKE, TODD	
Address	1635 CUNLIFF LANE	Address	2111 SOUTH OSPREY AVENUE	
City-State-Zip:	SARASOTA FL 34239	City-State-Zip:	SARASOTA FL 34239	
Title	MGR			
Name	GATES, JILL			
Address	4728 MEADOWVIEW CIRCLE			

2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000066224

Entity Name: IMAGINE SCHOOL AT SARASOTA, LLC

Current Principal Place of Business:

6220 MCINTOSH ROAD SARASOTA, FL 34238

Current Mailing Address:

1005 N. GLEBE ROAD SUITE 610 ARLINGTON, VA 22201

FEI Number: 26-3328979

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US FILED Nov 04, 2013 Secretary of State CC8255056731

Date

Certificate of Status Desired: No

11/04/2013 Date