

**2017 FLORIDA LIMITED LIABILITY COMPANY 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 US

**FEI Number:** 26-3328979

**Certificate of Status Desired:** No

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

NATIONAL CORPORATE RESEARCH, LTD., INC  
115 NORTH CALHOUN ST  
SUITE 4  
TALLAHASSEE, FL 32301 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 MANAGER  
Name MARTIN , JO DAWN  
Address 28602 100TH DRIVE EAST  
City-State-Zip: MYAKKA CITY FL 34251

Title MANAGER  
Name THOMAS-CAIN, KIMBERLY  
Address 2624 DARWIN AVENUE  
City-State-Zip: SARASOTA FL 34239

Title PRESIDENT  
Name KOZMA, ABE  
Address 2801 FRUITILLE ROAD, #180  
City-State-Zip: SARASOTA FL 34237

Title MANAGER  
Name PHELPS, GWEN  
Address 1520 GLEN OAKS E. UNIT 351C  
City-State-Zip: SARASOTA FL 34232

Title MANAGER  
Name CHASE, MATTHEW  
Address 4102 CENTRAL SARASOTA PKWY,  
#925  
City-State-Zip: SARASOTA FL 34238

*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: DR. ABE KOZMA**

**PRESIDENT**

**04/12/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date