

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000045943

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC1811465950**

**Entity Name:** ATALA MONTESSORI SCHOOL FOR CREATIVE EXPRESSION, LLC

**Current Principal Place of Business:**

240 N. KROME AVENUE  
HOMESTEAD, FL 33030

**Current Mailing Address:**

240 N. KROME AVENUE  
HOMESTEAD, FL 33030

**FEI Number:** 27-3176709

**Certificate of Status Desired:** Yes

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

MARCUS, JOSEPH M ESQ.  
200 NE 2ND DRIVE  
HOMESTEAD, FL 33030 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:** JOSEPH M. MARCUS

01/09/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BURNS, KRISTINE H  
Address 27000 SW 192ND AVENUE  
City-State-Zip: HOMESTEAD FL 33031

Title MGRM  
Name MORGAN, CHERYL K  
Address 1635 NW 9TH COURT  
City-State-Zip: HOMESTEAD FL 33030

Title MGRM  
Name SCHEFF, BEATRIZ  
Address 22650 SW 189TH AVENUE  
City-State-Zip: MIAMI FL 33170

Title MGRM  
Name HOWARTH, PATRICIA  
Address 18901 SW 288TH STREET  
City-State-Zip: HOMESTEAD FL 33030

Title MGRM  
Name VALLE, NIDIA  
Address 19600 SW 304TH STREET  
City-State-Zip: HOMESTEAD FL 33030

*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:** KRISTINE BURNS

MGRM

01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date