

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000157843

**Entity Name:** NESSY LEARNING, LLC

**Current Principal Place of Business:**

4600 140TH AVENUE NORTH  
SUITE 180  
CLEARWATER, FL 33762

**Current Mailing Address:**

4600 140TH AVENUE NORTH  
SUITE 180  
CLEARWATER, FL 33762 US

**FEI Number:** 45-1591083

**Certificate of Status Desired:** Yes

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

EXPORTACTION, LLC  
4600 140TH AVENUE NORTH  
SUITE 180  
CLEARWATER, FL 33762 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           JONES, MIKE  
Address        4600 140TH AVENUE NORTH  
                  SUITE 180  
City-State-Zip: CLEARWATER FL 33762

Title           MS  
Name           TAYLOR, STEPHANIE  
Address        4600 140TH AVENUE NORTH  
                  SUITE 180  
City-State-Zip: CLEARWATER FL 33762

Title           MGR  
Name           HOLDEN, GAIL  
Address        4600 140TH AVENUE NORTH  
                  SUITE 180  
City-State-Zip: CLEARWATER FL 33762

*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:** STEPHANIE TAYLOR

**MANAGER**

**01/27/2023**

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

\_\_\_\_\_  
Date