## 2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000196927

Entity Name: CHAPPELL SCHOOLS, LLC

**Current Principal Place of Business:** 

8400 BAYCENTER ROAD JACKSONVILLE, FL 32256

**Current Mailing Address:** 

8400 BAYCENTER ROAD JACKSONVILLE, FL 32256 US

FEI Number: 47-5013528 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIPPES, HAROLD 700 PONTE VEDRA LAKES BLVD PONTE VEDRA BEACH, FL 32082 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

FILED Mar 02, 2021

**Secretary of State** 

4203090401CC

Authorized Person(s) Detail :

Title MGR Title MGR

Name LIPPES, HAROLD Name ARCAINI, GIANNI

Address 8400 BAYCENTER ROAD Address 8400 BAYCENTER ROAD

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

TitleMGRTitlePRESIDENTNameKERN, JAMESNameHARMS, SUE

Address 8400 BAYCENTER ROAD Address 8400 BAYCENTER ROAD

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY Title TREASURER

NameHARMS, SUE KNameTURTON, JOHN THOMASAddress8400 BAYCENTER ROADAddress8400 BAYCENTER ROAD

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

Title COO

Name BEEVERS, SUZANNE

Address 8400 BAYCENTER ROAD

City-State-Zip: JACKSONVILLE FL 32256

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: SUE HARMS PRESIDENT 03/02/2021