

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000196927

**Entity Name:** CHAPPELL SCHOOLS, LLC

**Current Principal Place of Business:**

8400 BAYCENTER ROAD  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

8400 BAYCENTER ROAD  
JACKSONVILLE, FL 32246

**FEI Number:** 59-1104787

**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

**Authorized Person(s) Detail :**

Title MGR  
Name LIPPES, HAROLD  
Address 8400 BAYCENTER ROAD  
City-State-Zip: JACKSONVILLE FL 32246

Title MGR  
Name ARCAINI, GIANNI  
Address 8400 BAYCENTER ROAD  
City-State-Zip: JACKSONVILLE FL 32246

Title MGR  
Name KERN, JAMES  
Address 8400 BAYCENTER ROAD  
City-State-Zip: JACKSONVILLE FL 32246

Title PRESIDENT  
Name DREICER, NANCY  
Address 8400 BAYCENTER ROAD  
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY  
Name HARMS, SUE K  
Address 8400 BAYCENTER ROAD  
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER  
Name HARMS, SUE K  
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 K HARMS

**SECRETARY**

**04/10/2015**

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

\_\_\_\_\_  
Date