

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