

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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:** 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

**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****09/14/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date