

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000111953

Entity Name: BEYOND MEASURE HOME EDUCATION ACADEMY, LLC**Current Principal Place of Business:**12033 PINE CLUB CIRCLE
WEEKI WACHEE, FL 34614**Current Mailing Address:**12033 PINE CLUB CIRCLE
WEEKI WACHEE, FL 34614**FEI Number: 83-1037363****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCINNIS, LEO A
12033 PINE CLUB CIRCLE
WEEKI WACHEE, FL 34614 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	MCINNIS, LEO A
Address	12033 PINE CLUB CIRCLE
City-State-Zip:	WEEKI WACHEE FL 34614

Title	AMGR
Name	MCINNIS, LISK A
Address	12033 PINE CLUB CIRCLE
City-State-Zip:	WEEKI WACHEE FL 34614

Title	AMBR
Name	MCINNIS, KIARA S
Address	12033 PINE CLUB CIRCLE
City-State-Zip:	WEEKI WACHEE FL 34614

Title	AP
Name	MCINNIS, ALEXIS M
Address	12033 PINE CLUB CIRCLE
City-State-Zip:	WEEKI WACHEE FL 34614

Title	AP
Name	MCINNIS, AMANDA M
Address	12033 PINE CLUB CIRCLE
City-State-Zip:	WEEKI WACHEE FL 34614

Title	AP
Name	DAVIDSON, JOYCE A
Address	12033 PINE CLUB CIRCLE
City-State-Zip:	WEEKI WACHEE FL 34614

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: LEO A. MCINNIS**MGR****04/05/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date