

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000284407

**Entity Name:** ON PURPOSE LEARNING LLC

**Current Principal Place of Business:**

225 SW CHAPMAN AVE  
PORT SAINT LUCIE, FL 34984

**Current Mailing Address:**

225 SW CHAPMAN AVE  
PORT SAINT LUCIE, FL 34984 US

**FEI Number:** 85-3163783

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SARRASIN, JACQUELINE M  
225 SW CHAPMAN AVE  
PORT SAINT LUCIE, FL 34984 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            PRESIDENT  
Name            SARRASIN, JACQUELINE M  
Address        225 SW CHAPMAN AVE  
City-State-Zip: PORT SAINT LUCIE FL 34984

Title            MANAGER  
Name            SARRASIN, PIERRE L  
Address        225 SW CHAPMAN AVE  
City-State-Zip: PORT SAINT LUCIE FL 34984

Title            VP  
Name            VP  
Address        225 SW CHAPMAN AVE  
City-State-Zip: PORT SAINT LUCIE FL 34984

*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:** JACQUELINE M SARRASIN

**PRESIDENT**

**04/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date