

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000001044

**Entity Name:** CHANCELLOR SUPPLEMENTAL EDUCATIONAL SERVICES, LLC

**FILED**  
**Apr 26, 2014**  
**Secretary of State**  
**CC6587428776**

**Current Principal Place of Business:**

1005 NORTH GLEBE ROAD  
SUITE 610  
ARLINGTON, VA 22201

**Current Mailing Address:**

1005 NORTH GLEBE ROAD  
SUITE 610  
ARLINGTON, VA 22201

**FEI Number:** 20-0863367

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 MGRM  
Name IMAGINE SCHOOLS, INC.  
Address 1005 NORTH GLEBE ROAD, SUITE 610  
City-State-Zip: ARLINGTON VA 22201

*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:** JASON BRYANT

CEO

04/26/2014

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

\_\_\_\_\_  
Date