

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400009184

**Entity Name:** PARENTS K-12, LLC

**Current Principal Place of Business:**

6494 HEATHER GLEN WAY  
CLARKSVILLE, MD 21029-1468

**Current Mailing Address:**

P.O. BOX 331  
HIGHLAND, MD 20777 US

**FEI Number:** 27-2648431

**Certificate of Status Desired:** No

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

DAVIS, OTIS  
1115 ROYAL TROON COURT  
TARPON SPRINGS, FL 34688 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            P  
Name            NORWOOD, HUGH  
Address        6494 HEATHER GLEN WAY  
City-State-Zip: CLARKSVILLE MD 21029

*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:** HUGH NORWOOD

**PRESIDENT**

**04/20/2017**

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

\_\_\_\_\_ Date