2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000008248

Entity Name: CENTER FOR CREATIVE LEARNING, LLC

Current Principal Place of Business:

2015 GRANT PL

MELBOURNE, FL 32901

Current Mailing Address:

2015 GRANT PL

MELBOURNE, FL 32901

FEI Number: 42-1234706 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MICHELE, APRIL A 2015 GRANT PL MELBOURNE, FL 32901 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: APRIL A MICHELE 01/08/2021

Electronic Signature of Registered Agent

Date

FILED Jan 08, 2021

Secretary of State

7841053013CC

Authorized Person(s) Detail:

Title EXECUTIVE DIRECTOR Title **PRESIDENT**

MICHELE, APRIL A Name HICKS, FLORA ARGEN Name

2015 GRANT PL 2015 GRANT PL Address Address

City-State-Zip: MELBOURNE FL 32901 MELBOURNE FL 32901 City-State-Zip:

Title VICE PRESIDENT Title **SECRETARY** Name BOYAS, MATTHEW TRIMBLE, DREW Name Address 2015 GRANT PL Address 2015 GRANT PL

MELBOURNE FL 32901 City-State-Zip: City-State-Zip: MELBOURNE FL 32901

BOARD MEMBER Title Title POLICY CHAIR Name SUMNERS, SARAH LIGHTFOOT, JUSTIN Name Address 2015 GRANT PL

2015 GRANT PL Address

City-State-Zip: MELBOURNE FL 32901 City-State-Zip: MELBOURNE FL 32901

Title FINANCE CHAIR Title **BOARD MEMBER** Name HOSONO, ERWIN STYAN, JULIE Name 2015 GRANT PL Address 2015 GRANT PL Address

City-State-Zip: MELBOURNE FL 32901 MELBOURNE FL 32901 City-State-Zip:

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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: DEBORAH PRUNEAU

ADMINISTRATIVE DIRECTOR

01/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

TitleBOARD MEMBERTitleASSISTANT TREASURERNameBISHOP, PETERNamePRUNEAU, DEBORAH

Address 2015 GRANT PL Address 2015 GRANT PL

City-State-Zip: MELBOURNE FL 32901 City-State-Zip: MELBOURNE FL 32901