

2022 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

01/05/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title EXECUTIVE DIRECTOR
Name MICHELE, APRIL A
Address 2015 GRANT PL
City-State-Zip: MELBOURNE FL 32901

Title VICE PRESIDENT
Name HICKS, FLORA ARGEN
Address 2015 GRANT PL
City-State-Zip: MELBOURNE FL 32901

Title BOARD MEMBER
Name DUDA, ROBYN
Address 2015 GRANT PL
City-State-Zip: MELBOURNE FL 32901

Title PRESIDENT
Name BOYAS, MATTHEW
Address 2015 GRANT PL
City-State-Zip: MELBOURNE FL 32901

Title BOARD MEMBER
Name WOLF, RACHEL
Address 2015 GRANT PL
City-State-Zip: MELBOURNE FL 32901

Title BOARD MEMBER
Name SUMNERS, SARAH
Address 2015 GRANT PL
City-State-Zip: MELBOURNE FL 32901

Title POLICY CHAIR
Name STYAN, JULIE
Address 2015 GRANT PL
City-State-Zip: MELBOURNE FL 32901

Title TREASURER
Name HOSONO, ERWIN
Address 2015 GRANT PL
City-State-Zip: MELBOURNE FL 32901

Continues on page 2

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**

01/05/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title BOARD MEMBER
Name SIKDER, SHEFA
Address 2015 GRANT PL
City-State-Zip: MELBOURNE FL 32901

Title BOARD MEMBER
Name PETERSEN, LAUREL
Address 2015 GRANT PL
City-State-Zip: MELBOURNE FL 32901

Title ASSISTANT TREASURER
Name PRUNEAU, DEBORAH
Address 2015 GRANT PL
City-State-Zip: MELBOURNE FL 32901