

2018 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:** Yes**Name and Address of Current Registered Agent:**DENNIS, 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 DENNIS

01/23/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title PRESIDENT
Name FITE, JANET
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 SECRETARY, POLICY CHAIR
Name NAVARINO, JASON
Address 2015 GRANT PL
City-State-Zip: MELBOURNE FL 32901

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

Title PERSONNEL CHAIR
Name LIGHTFOOT, JUSTIN
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 BOARD MEMBER
Name STYAN, JULIE
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**OFFICE MANAGER**

01/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title FINANCE CHAIR
Name HOSONO, ERWIN
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

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