

**2020 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

01/06/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	EXECUTIVE DIRECTOR	Title	PRESIDENT
Name	MICHELE, APRIL A	Name	HICKS, FLORA ARGEN
Address	2015 GRANT PL	Address	2015 GRANT PL
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	MELBOURNE FL 32901
Title	SECRETARY	Title	VICE PRESIDENT
Name	TRIMBLE, DREW	Name	BOYAS, MATTHEW
Address	2015 GRANT PL	Address	2015 GRANT PL
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	MELBOURNE FL 32901
Title	POLICY CHAIR	Title	BOARD MEMBER
Name	LIGHTFOOT, JUSTIN	Name	SUMNERS, SARAH
Address	2015 GRANT PL	Address	2015 GRANT PL
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	MELBOURNE FL 32901
Title	BOARD MEMBER	Title	FINANCE CHAIR
Name	STYAN, JULIE	Name	HOSONO, ERWIN
Address	2015 GRANT PL	Address	2015 GRANT PL
City-State-Zip:	MELBOURNE FL 32901	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**

01/06/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

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

Title           BOARD MEMBER  
Name           ROSS, DAVID  
Address        2015 GRANT PLACE  
City-State-Zip: MELBOURNE FL 32901

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