

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086276

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** IMAGINE SCHOOL AT SOUTH INDIAN RIVER COUNTY, LLC

**Current Principal Place of Business:**

13790 N.W. 4TH STREET  
SUITE 108  
SUNRISE, FL 33325

**New Principal Place of Business:**

13790 N.W. 4TH ST  
SUITE 108  
SUNRISE, FL 33325

**Current Mailing Address:**

13790 N.W. 4TH STREET  
SUITE 108  
SUNRISE, FL 33325

**New Mailing Address:**

1005 N. GLEBE ROAD  
SUITE 610  
ARLINGTON, VA 22201

**FEI Number:** 20-4513784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HARMODY, STEPHANIE  
Address: 466 32ND AVENUE S.W.  
City-St-Zip: VERO BEACH, FL 32968

Title: MGR  
Name: MCMULLEN, LT. BILL  
Address: 365 NIEUPORT DRIVE  
City-St-Zip: VERO BEACH, FL 32968

Title: MGR  
Name: SEELEY, DEBORAH  
Address: 226 31ST AVENUE  
City-St-Zip: VERO BEACH, FL 32968

Title: MGR  
Name: METCALF, ANDREW  
Address: 1245 20TH STREET  
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STEPHANIE HARMODY

MGR

05/01/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date