

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070352

FILED  
May 01, 2009  
Secretary of State

Entity Name: IMAGINE SCHOOL AT WEST OSCEOLA, LLC

**Current Principal Place of Business:**

3250 MARY STREET, SUITE 202  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3250 MARY STREET, SUITE 202  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: IMAGINE SCHOOLS NON PROFIT, INC.  
Address: 1005 N. GLEBE ROAD, SUITE 610  
City-St-Zip: ARLINGTON, VA 22201

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RITTER, SARAH  
Address: 2420 BEL-AIR CIRCLE  
City-St-Zip: KISSIMMEE FL, 34 22201

Title: MRG ( ) Change (X) Addition  
Name: BEATTY, NORMAN  
Address: 4420 STORY ROAD  
City-St-Zip: ST CLOUD, FL 34772

Title: MGR ( ) Change (X) Addition  
Name: WALAS, ELIZABETH  
Address: 3340 GATOR BAY CREEK BLVD  
City-St-Zip: ST CLOUD, FL 34772

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: EILEEN BAKKE

S

05/01/2009

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