

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000012317

Entity Name: ORGANIC EDUCATION SOLUTIONS, LLC**Current Principal Place of Business:**1204 E CLIFTON STREET
TAMPA, FL 33604**Current Mailing Address:**PO BOX 104
DWIGHT, NE 68635**FEI Number:** 26-4353450**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEGALLA, PETER
210 W WASHINGTON AVE
DELAND, FL 32720 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

Authorized Person(s) Detail :

Title MGR
Name WANSER, KRISTA
Address 2451 25 ROAD
City-State-Zip: DWIGHT NE 68635

Title MGR
Name EDWARDS, STANLEY
Address 1665 N. 1170 N
City-State-Zip: LOGAN UT 84341

Title MGR
Name BURSTEN, PATTI
Address PO BOX 165
City-State-Zip: VIROQUA WI 54665

Title MGR
Name BEGALLA, PETER
Address 210 W WASHINGTON AVENUE
City-State-Zip: DELAND FL 32720

Title MGR
Name REYNOLDS, C J
Address 1204 E CLIFTON STREET
City-State-Zip: TAMPA FL 33604

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: KRISTA WANSER**TREASURER****02/28/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date