

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000061720

**Entity Name:** IMPACT LEARNING CENTER, LLC

**Current Principal Place of Business:**

12443 SUGARBERRY WAY  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

12443 SUGARBERRY WAY  
JACKSONVILLE, FL 32226 US

**FEI Number:** 46-5394793

**Certificate of Status Desired:** Yes

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

POSTELL, TRENTON A  
12443 SUGARBERRY WAY  
JACKSONVILLE, FL 32226 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            DIR  
Name            POSTELL, TALITA S  
Address        12443 SUGARBERRY WAY  
City-State-Zip: JACKSONVILLE FL 32226

Title            MGR  
Name            POSTELL, TRENTON A  
Address        12443 SUGARBERRY WAY  
City-State-Zip: JACKSONVILLE FL 32226

*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:** TRENTON POSTELL

**OWNER**

**02/20/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date