

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000061720

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

**Current Principal Place of Business:**

5301 RICKER RD  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

13506 SUMMERPORT VILLAGE PWKY  
#1804  
WINDEREMERE, FL 34786 US

**FEI Number:** 46-5394793

**Certificate of Status Desired:** No

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

POSTELL, TRENTON A  
13506 SUMMERPORT VILLAGE PWKY  
#1804  
WINDEREMERE, FL 34786 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	Title	MGR
Name	POSTELL, TALITA S	Name	POSTELL, TRENTON A
Address	13506 SUMMERPORT VILLAGE PWKY #1804	Address	13506 SUMMERPORT VILLAGE PWKY #1804
City-State-Zip:	WINDEREMERE FL 34786	City-State-Zip:	WINDEREMERE FL 34786

*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

CEO/MGR

04/05/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date