## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000061720

Entity Name: IMPACT LEARNING CENTER, LLC

**Current Principal Place of Business:** 

11269 N MAIN STREET JACKSONVILLE. FL 32218

## **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

FILED Apr 24, 2024

**Secretary of State** 

5422964661CC

Authorized Person(s) Detail:

Title DIR Title MGR

Name POSTELL, TALITA S Name POSTELL, TRENTON A

Address 13506 SUMMERPORT VILLAGE PWKY Address 13506 SUMMERPORT VILLAGE PWKY

#1804 #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** 

04/24/2024