

**2025 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, TALITA 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:** TALITA POSTELL

04/02/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title DIR  
Name POSTELL, TALITA S  
Address 13506 SUMMERPORT VILLAGE PWKY  
#1804  
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:** TALITA POSTELL

OWNER/COO

04/02/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date