

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000069840

Entity Name: STORY INSTITUTE, LLC

Current Principal Place of Business:

13506 SUMMERPORT VILLAGE PARKWAY
315
WINDERMERE, FL 34786

Current Mailing Address:

13506 SUMMERPORT VILLAGE PARKWAY
315
WINDERMERE, FL 34786 US

FEI Number: 47-3801257

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURRAY, JOHN E III
13964 MAGNOLIA RIDGE LOOP
WINTER GARDEN, FL 34787 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: JOHN E MURRAY III

03/03/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name MURRAY, JOHN E III
Address 13506 SUMMERPORT VILLAGE
PARKWAY #315
City-State-Zip: WINDERMERE FL 34786

Title AMBR
Name MURRAY, TERI A
Address 13506 SUMMERPORT VILLAGE
PARKWAY #315
City-State-Zip: WINDERMERE 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: JOHN E MURRAY III

CEO

03/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date