

**2018 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

02/09/2018

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

02/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date