

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000002242

Entity Name: MCT EDUCATIONAL INSTITUTE, LLC

Current Principal Place of Business:

8142 SAINT ALBANS DR
ORLANDO, FL 32835

Current Mailing Address:

P O BOX 2934
WINDERMERE, FL 34786 US

FEI Number: 26-4026987

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THURDEKOOS, CARLOS
8142 ST ALBANS
ORLANDO, FL 32835 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 MGRM
Name THURDEKOOS, CARLOS
Address P O BOX 2934
City-State-Zip: WINDERMERE FL 34786

Title MGRM
Name THURDEKOOS, MARIA
Address P O BOX 2934
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: MARIA THURDEKOOS

MGRM

02/04/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date