

**2019 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:** CARLOS THURDEKOOS

MGRM

03/07/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date