that my name appears above, or on an attachment with all other like empowered. SIGNATURE: VONDA KIM WHITE REVOCABLE TRUST UTD 8/4/99 AMBR

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

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000028273

Entity Name: VONDA WHITE EDUCATION HOLDINGS, LLC

Current Principal Place of Business:

110 ATHENS STREET TARPON SPRINGS, FL 34689

Current Mailing Address:

110 ATHENS STREET TARPON SPRINGS, FL 34689 US

FEI Number: 46-4880920

Name and Address of Current Registered Agent:

BURR & FORMAN, LLP C/O JOHN A SCHIFINO ESQ 201 N FRANKLIN STREET **SUITE 3200** TAMPA, FL 33602 US

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Title	AMBR	Title	AMBR			
Name	COLLEGIATE RISK MANAGEMENT, LLC	Name	VONDA KIM WHITE REVOCABLE TRUST UTD 8/4/99			
Address	110 ATHENS STREET	Address	110 ATHENS STREET			
City-State-Zip:	TARPON SPRINGS FL 34689	City-State-Zip:	TARPON SPRINGS FL 34689			

ove named ATURE	entity submits this statement for the purpose of changing its	registered office or re	gistered agent, or both, in the State of Florida.	
	Electronic Signature of Registered Agent			Date
orized F	Person(s) Detail :			
	AMBR	Title	AMBR	
	COLLEGIATE RISK MANAGEMENT, LLC	Name	VONDA KIM WHITE REVOCABLE TRUST UTD 8/4/99	
ss	110 ATHENS STREET	Address	110 ATHENS STREET	

FILED Feb 09, 2024 Secretary of State 2107520802CC

Certificate of Status Desired: No

Date

02/09/2024