

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000050916

**Entity Name:** ALEX EDU, LLC.

**Current Principal Place of Business:**

9309 N FLORIDA AVE  
STE 109  
TAMPA, FL 33612

**Current Mailing Address:**

9309 N FLORIDA AVE,  
STE 109  
TAMPA, FL 33612 US

**FEI Number:** 82-0746116

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ELBARADEY, MAHMOUD  
9309 NORTH FLORIDA AVE  
STE 109  
TAMPA, FL 33612 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 MGR  
Name ELBARADEY, MOHAMED  
Address 9309 NORTH FLORIDA AVE  
STE 109  
City-State-Zip: TAMPA FL 33612

Title MGR  
Name ELBARADEY, MAHMOUD  
Address 9309 NORTH FLORIDA AVE  
STE 109  
City-State-Zip: TAMPA FL 33612

*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:** MAHMOUD ELBARADEY

MGR

06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date