

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000111630

**Entity Name:** MENTOR UNIVERSITY, LLC

**Current Principal Place of Business:**

9000 SHERIDAN STREET  
SUITE 138  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

9000 SHERIDAN STREET  
SUITE 138  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 61-1888412

**Certificate of Status Desired:** No

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

RCG ACCOUNTING & ASSOCIATES INC  
9000 SHERIDAN STREET  
SUITE 138  
PEMBROKE PINES, FL 33024 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 AMBR  
Name CERON OTOYA, DIANA  
Address 9000 SHERIDAN STREET SUITE 138  
City-State-Zip: PEMBROKE PINES FL 33024

Title AMBR  
Name PABON, ANTONIO  
Address 9000 SHERIDAN STREET  
SUITE 138  
City-State-Zip: PEMBROKE PINES FL 33024

Title AMBR  
Name RODRIGUEZ AMAYA, MARIA  
CAROLINA  
Address 9000 SHERIDAN STREET  
SUITE 138  
City-State-Zip: PEMBROKE PINES FL 33024

Title MGR  
Name RIOS, DEBORAH G  
Address 9000 SHERIDAN STREET  
SUITE 138  
City-State-Zip: PEMBROKE PINES FL 33024

*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:** CERON OTOYA , DIANA

AMBR

03/16/2023

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

\_\_\_\_\_  
Date