

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000026372

Entity Name: CPR & MORE TRAINING CENTER LLC**Current Principal Place of Business:**800 VIRGINIA AVE
SUITE 28
FORT PIERCE, FL 34982**Current Mailing Address:**2215 N 43RD ST
FORT PIERCE, FL 34946**FEI Number:** 83-3281736**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEWEL, ROSETTA
2215 N 43RD ST
FORT PIERCE, FL 34946 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:** ROSETTA SEWEL**04/28/2023**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	COO, AUTHORIZED REPRESENTATIVE	Title	CEO, AUTHORIZED REPRESENTATIVE
Name	SEWEL, MANOLITO	Name	SEWEL, ROSETTA
Address	800 VIRGINIA AVE SUITE 28	Address	2215 N 43RD ST
City-State-Zip:	FORT PIERCE FL 34982	City-State-Zip:	FORT PIERCE FL 34946
Title	CEO, MANAGER		
Name	SEWEL, ROSETTA		
Address	800 VIRGINIA AVE SUITE 28		
City-State-Zip:	FORT PIERCE FL 34982		

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: ROSETTA SEWEL**CEO****04/28/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date