SIGNATURE: JENNIFER L CITTADINO

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	CITTADINO, JENNIFER L	Name	LEWIS, MARY L
Address	3504 SW 17TH AVE	Address	5603 AMOROSO DR
City-State-Zip:	CAPE CORAL FL 33914	City-State-Zip:	FORT MYERS FL 33919
Title	MGR		
Name	WRIGHT, ARLENE T		
Address	11824 NEWCOMBE TRACE		
City-State-Zip:	FORT MYERS FL 33913		

SIGNATURE:

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.

Name and Address of Current Registered Agent:

SUITE 29-322 FORT MYERS, FL 33912 **Current Mailing Address:**

6900 DANIELS PARKWAY

6900 DANIELS PARKWAY SUITE 29-322 FORT MYERS, FL 33912 US

DOCUMENT# L20000204542

Current Principal Place of Business:

FEI Number: APPLIED FOR

CITTADINO, JENNIFER L 6900 DANIELS PARKWAY SUITE 29-322 FORT MYERS, FL 33912 US

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: AJM NURSING EDUCATIONAL CONSULTANTS LLC

Certificate of Status Desired: No

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.

MGR

04/18/2024

Date

FILED Apr 18, 2024 Secretary of State 7806450434CC

Date