

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000312178

**Entity Name:** EDU-RX LLC

**Current Principal Place of Business:**

21 NE 22ND STREET  
APT 818  
MIAMI, FL 33137

**Current Mailing Address:**

21 NE 22ND STREET  
APT 818  
MIAMI, FL 33137 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LEGALINC CORPORATE SERVICES INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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 SHEAFFER, AMANDA  
Address 21 NE 22ND, 818  
City-State-Zip: MIAMI FL 33137

Title AMBR  
Name JONES, SHANNA  
Address 21 NE 22ND, 818  
City-State-Zip: MIAMI FL 33137

Title AMBR  
Name CARLSON, LINDSEY  
Address 21 NE 22ND, 818  
City-State-Zip: MIAMI FL 33137

Title AMBR  
Name DAYLAMAY, RODNEY  
Address 1100 CALLE FLORECITA  
City-State-Zip: CHULA VISTA CA 91910

*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:** AMANDA SHEAFFER

**MEMBER**

**03/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date