

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000262917

Entity Name: ARETE UNIVERSITY & HEALTH NETWORK L.L.C.

Current Principal Place of Business:

204 S NOLAN RIVER ROAD
CLEBURNE, TX 76033

Current Mailing Address:

204 S NOLAN RIVER ROAD
CLEBURNE, TX 76033

FEI Number: 93-1601073

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCLOUD, TISHANA
1446 SCENIC ST
LEEHIGH ACRES, FL 33936 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 CEO
Name SARGEANT, MARCEL
Address 204 S NOLAN RIVER ROAD
City-State-Zip: CLEBURNE TX 76033

Title VP
Name SARGEANT, MICHAEL
Address 204 S NOLAN RIVER ROAD
City-State-Zip: CLEBURNE TX 76033

Title VP
Name SARGEANT, MARLON
Address 204 S NOLAN RIVER ROAD
City-State-Zip: CLEBURNE TX 76033

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: MARCEL A SARGEANT

CEO

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date