

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000447130

**Entity Name:** RN UNIVERSITY LLC

**Current Principal Place of Business:**

5551 BLUE AZURE DR  
WIMAUMA, FL 33598

**Current Mailing Address:**

326 SEDIUM LN  
PORTSMOUTH, VA 23701 US

**FEI Number:** 93-3566953

**Certificate of Status Desired:** No

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

CUTHBERTSON, NICOLE  
5551 BLUE AZURE DR  
WIMAUMA, FL 33598 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            OWNER/EDUCATOR  
Name            CUTHBERTSON, NICOLE  
Address        326 SEDIUM LANE  
City-State-Zip: PORTSMOUTH VA 23701

*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:** NICOLE CUTHBERTSON

OWNER/EDUCATOR

03/20/2024

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

\_\_\_\_\_  
Date