

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000031621

Entity Name: WALDEN UNIVERSITY, LLC

Current Principal Place of Business:

7065 SAMUEL MORSE DR
COLUMBIA, MD 21046

Current Mailing Address:

7065 SAMUEL MORSE DR
COLUMBIA, MD 21046 US

FEI Number: 65-0353783

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
2ND FL
TALLAHASSEE, FL 32301 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 MANAGER
Name MCDONALD, ANITA DR.
Address 650 S EXETER ST
City-State-Zip: BALTIMORE MD 21202

Title MANAGER
Name PAZ, ESTANISLADO Y. DR.
Address 650 S EXETER ST
City-State-Zip: BALTIMORE MD 21202

Title MANAGER
Name HELLER, CHARLES O. DR.
Address 650 S EXETER ST
City-State-Zip: BALTIMORE MD 21202

Title MANAGER
Name CREAMER, SEAN
Address 650 S EXETER ST
City-State-Zip: BALTIMORE MD 21202

Title MANAGER
Name MCGEE, LEE
Address 650 S EXETER ST
City-State-Zip: BALTIMORE MD 21202

Title MANAGER
Name DURDEN, WILLIAM G.
Address 650 S EXETER ST
City-State-Zip: BALTIMORE MD 21202

Title MANAGER
Name DORSEY, DONNA DR.
Address 650 S EXETER ST
City-State-Zip: BALTIMORE MD 21202

Title MANAGER
Name KOBARA, JOHN E.
Address 650 S EXETER ST
City-State-Zip: BALTIMORE MD 21202

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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: DOUGLAS BECK

SECRETARY

04/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name SOLOMON, BARBARA DR.
Address 650 S EXETER ST
City-State-Zip: BALTIMORE MD 21202

Title MANAGER
Name FREEMAN, TONI
Address 650 S EXETER ST
City-State-Zip: BALTIMORE MD 21202

Title SECRETARY
Name BECK, DOUGLAS
Address 500 WEST MONROE
City-State-Zip: CHICAGO IL 60661