

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L10000132582

Entity Name: OPEN EDUCATION LLC**Current Principal Place of Business:**2222 PONCE DE LEON BLVD.
SUITE 300
CORAL GABLES, FL 33134**Current Mailing Address:**2222 PONCE DE LEON BLVD.
SUITE 300
CORAL GABLES, FL 33134 US**FEI Number:** 27-4450263**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
#250
PLANTATION, FL 33324 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:** JOSE GIRALDO

04/14/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name MORENO, ELEUSIS ANDRES
Address 2222 PONCE DE LEON BLVD.
SUITE 300
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name SOTELO, ALEXANDER
Address 2222 PONCE DE LEON BLVD.
SUITE 300
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name CUETO, LANETTE
Address 2222 PONCE DE LEON BLVD.
SUITE 300
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name NOWAID, ZABIHULLAH
Address 2222 PONCE DE LEON BLVD.
SUITE 300
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name RIVERA, MANUEL ALEJANDRO
Address 2222 PONCE DE LEON BLVD.
SUITE 300
City-State-Zip: CORAL GABLES FL 33134

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: ALEXANDER SOTELO

MANAGER

04/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date