

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000046289

**Entity Name:** PROMETHEUS EDUCATION SOLUTIONS LLC

**Current Principal Place of Business:**

25131 HYDE PARK BLVD.  
LAND O LAKES, FL 34639

**Current Mailing Address:**

7320 E. FLETCHER AVE.  
TAMPA, FL 33637 US

**FEI Number:** 45-5053566

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, 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 SWANSON, BRIAN  
Address 16905 HANNA RD.  
City-State-Zip: LUTZ FL 33549

Title AMBR  
Name BELL, JOSEPH  
Address 4800 ATLANTIC BLVD, #115  
City-State-Zip: JACKSONVILLE FL 32207

Title AMBR  
Name ROOS, BRIAN  
Address 1147 BERING RD.  
City-State-Zip: WESLEY CHAPEL FL 33543

Title AMBR  
Name LAUBSCHER, KEITH  
Address 209 SW KEYSTONE DR.  
City-State-Zip: BLUE SPRINGS MO 64014

Title AMBR  
Name BECKWITH, JOHN  
Address 18230 DORMAN RD.  
City-State-Zip: LITHIA FL 33547

*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:** BRIAN SWANSON

AMBR

05/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date