

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000010025

**Entity Name:** CPR AND ACLS EDUCATORS, LLC

**Current Principal Place of Business:**

805 SOUTH LAKE AVENUE  
ST.CLOUD, FL 34771

**Current Mailing Address:**

P.O. BOX 122  
WINTER PARK, FL 32790 US

**FEI Number: 81-1346484**

**Certificate of Status Desired: Yes**

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

MEADORS, TOD S  
805 SOUTH LAKE AVENUE  
ST.CLOUD, FL 34771 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            MEADORS, TOD S  
Address        805 SOUTH LAKE AVENUE  
City-State-Zip: ST.CLOUD FL 34771

Title            AMBR  
Name            MEADORS, TODD  
Address        1480 ISLAND DRIVE  
City-State-Zip: MERRITT ISLAND FL 32952

*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: TOD MEADORS**

**AMBR**

**03/11/2018**

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

\_\_\_\_\_  
Date