

2022 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:** No**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

Title	AMBR
Name	MEADORS, CHERYL ANN
Address	805 SOUTH LAKE AVENUE
City-State-Zip:	ST.CLOUD FL 34771

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****03/01/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date