

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000046980

Entity Name: CARDI BEATS HEALTH CARE TRAINING CENTER, LLC

Current Principal Place of Business:

5105 PHILIPS HWY STE 306
JACKSONVILLE, FL 32207

Current Mailing Address:

5105 PHILIPS HWY STE 306
JACKSONVILLE, FL 32207 US

FEI Number: 82-3931865

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DORCELUS, BERCLINE
5105 PHILIPS HWY STE 306
JACKSONVILLE, FL 32207 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: BERCLINE DORCELUS

04/30/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name DORCELUS, BERCLINE
Address 5105 PHILIPS HWY STE 306
City-State-Zip: JACKSONVILLE FL 32207

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: BERCLINE DORCELUS

MGR

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date