### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000131063

Entity Name: BELL EDUCATION CENTER, LLC

### **Current Principal Place of Business:**

15050 NW 79TH CT SUITE 201 MIAMI LAKES, FL 33016

## **Current Mailing Address:**

15050 NW 79TH CT SUITE 201 MIAMI LAKES, FL 33016 US

### FEI Number: 65-0865683

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US FILED May 30, 2023 Secretary of State 6687204059CC

Certificate of Status Desired: No

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

# Authorized Person(s) Detail :

	Title	PRESIDENT	Title	AMBR
	Name	LODATO, DONNA	Name	PEDIATRIC HOLDINGS, LLC
	Address		Address	15050 NW 79TH CT #201
	City-State-Zip:	SUITE 201 MIAMI LAKES FL 33016	City-State-Zip:	MIAMI LAKES FL 33016
	<i>y</i>		Title	MGR
	Title	MGR	Name Address City-State-Zip:	LODATO, DONNA
	Name	LANE, JONATHAN		15050 NW 79TH CT #201
	Address	15050 NW 79TH CT #201		MIAMI LAKES FL 33016
	City-State-Zip:	MIAMI LAKES FL 33016		
			Title	MANAGER
	Title	MGR	Name Address	JEFF, SOFFEN
	Name	CWIERTNIA, DAVID		15050 NW 79TH CT SUITE 201
	Address	15050 NW 79TH CT #201		
	City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	MIAMI LAKES FL 33016

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: DAVID CWIERTNIA

CFO

Date

Electronic Signature of Signing Authorized Person(s) Detail