## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000236797

Entity Name: UNIVERSITY OF MIAMI DR OZ TUTORING LLC

**FILED** Mar 07, 2022 **Secretary of State** 8606710951CC

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

6191 ORANGE DR

6151A

DAVIE, FL 33314

## **Current Mailing Address:**

6191 ORANGE DR

6151A

DAVIE, FL 33314 US

FEI Number: 83-2212708 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

UNIVERSITY OF MIAMI UNIVERSITY OF MIAMI 1306 STANFORD DR CORAL GABLES, FL 33146 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title MGR

OZBEYLER, PROF DR MAHMUT Name Name ALEXANDRE, JOY WOODNICA

6191 ORANGE DR 6191 ORANGE DR Address Address

> 6151A 6153B

City-State-Zip: DAVIE FL 33314 City-State-Zip: DAVIE FL 33314

Title **AMBR** Title AMBR

Name OZ, PROF DR MATTHEW Name OZTURK, PROF DR AHMET

Address 6191 ORANGE DR Address 6191 ORANGE DR

6153B 6153B

City-State-Zip: DAVIE FL 33314 City-State-Zip: DAVIE FL 33314

Title MGR Title ACADEMIC COORDINATOR

KHAN, REIAZ BLINKIN, PROF DR VLADEMIR Name Name

6191 ORANGE DR 6191 ORANGE DR Address Address 6153B

6153B

City-State-Zip: DAVIE FL 33314 City-State-Zip: DAVIE FL 33314

Title MGR

Name OZBEYLER, PROF DR TURER

Address 6191 ORANGE DR

6153B

DAVIE FL 33314 City-State-Zip:

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.

03/07/2022 SIGNATURE: OZBEYLER, PROF DR MAHMUT **MGR**