

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000036245

**Entity Name:** PYRAMID EDUCATIONAL CONSULTANTS LLC

**Current Principal Place of Business:**

350 CHURCMANS ROAD  
SUITE B  
NEW CASTLE, DE 19720

**Current Mailing Address:**

350 CHURCMANS ROAD  
SUITE B  
NEW CASTLE, DE 19720

**FEI Number:** 84-4006457

**Certificate of Status Desired:** No

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

LYNCH, AUTUMN  
14671 PROMENADE PKWY  
ODESSA, FL 33556 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	AR	Title	MGR
Name	LYNCH, AUTUMN	Name	BONDY, ANDREW
Address	14671 PROMENADE PARKWAY	Address	106 WILLOW WAY PLACE
City-State-Zip:	ODESSA FL 33556	City-State-Zip:	CHERRY HILL NJ 08034

*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:** AUTUMN LYNCH

**DIRECTOR OF  
ACCOUNTING & FINANCE**

**04/22/2024**

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

\_\_\_\_\_  
Date