

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000001922

**Entity Name:** CINTANA EDUCATION, LLC

**Current Principal Place of Business:**

403 SKILLMAN ROAD  
SKILLMAN, NJ 08558

**Current Mailing Address:**

403 SKILLMAN ROAD  
SKILLMAN, NJ 08558 US

**FEI Number:** 83-3885230

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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           MANAGER  
Name           BECKER, DOUGLAS  
Address        401 N MICHIGAN AVE  
                  SUITE 3300  
City-State-Zip: CHICAGO IL 60611

Title           MANAGER  
Name           DILLON, DAN  
Address        403 SKILLMAN ROAD  
City-State-Zip: SKILLMAN NJ 08558

Title           MANAGER  
Name           O'BRIEN, JAMES  
Address        403 SKILLMAN ROAD  
City-State-Zip: SKILLMAN NJ 08558

Title           MANAGER  
Name           ELBURN, JEFF  
Address        4TH FLOOR 167 N GREEN STREET  
City-State-Zip: CHICAGO IL 60611

Title           MANAGER  
Name           EPSTEIN, AVI  
Address        403 SKILLMAN ROAD  
City-State-Zip: SKILLMAN NJ 08558

Title           ANNUAL REPORT SIGNER  
Name           ZENTZ, ROBERT  
Address        403 SKILLMAN ROAD  
City-State-Zip: SKILLMAN NJ 08558

*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:** ROBERT ZENTZ

**AUTHORIZED  
REPRESENTATIVE**

**02/23/2024**

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

\_\_\_\_\_  
Date