

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000009768

**FILED**  
**Jan 05, 2016**  
**Secretary of State**  
**CC4686363260**

**Entity Name:** THE CENTER FOR EXCELLENCE, LLC

**Current Principal Place of Business:**

THE ANSIN BLDG  
3250 S.W. THIRD AVE  
MIAMI, FL 33129-2712

**Current Mailing Address:**

THE ANSIN BLDG  
3250 S.W. THIRD AVE  
MIAMI, FL 33129-2712

**FEI Number:** 59-0830840

**Certificate of Status Desired:** No

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

MOGUL, HARVE A  
3250 SW 3RD AVE  
MIAMI, FL 33129 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:** HARVE A. MOGUL

01/05/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MOGUL, HARVE A  
Address 3250 SW 3RD AVE  
City-State-Zip: MIAMI FL 33129

Title DIR  
Name MOLINA, CARLOS G  
Address 3250 SW 3RD AVENUE  
City-State-Zip: MIAMI FL 33129

Title DIR  
Name GRILLO, CLAUDIA  
Address 3250 SW 3RD AVENUE  
City-State-Zip: MIAMI FL 33129

Title DIR  
Name KLINGLER, TAMARA  
Address 3250 SW 3RD AVENUE  
City-State-Zip: MIAMI FL 33129

*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:** CARLOS G. MOLINA

**CHIEF FINANCIAL  
OFFICER**

01/05/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date