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: FERNANDO J BIANCO COI MENARES	MANAGER	05/01/2014		

SIGNATURE: FERNANDO J BIANCO COLMENARES

Electronic Signature of Signing Authorized Person(s) Detail

2014 FLORIDA LIMITED	LIABILITY COMP	ANY ANNUAL REPORT

DOCUMENT# L0900009339

Entity Name: BIANCO POSTGRADUATE UNIVERSITY LLC

Current Principal Place of Business:

3811 WOOD AVE MIAMI, FL 33133

Current Mailing Address:

P.O. BOX 02-5210 SHP2-1288 MIAMI, FL 33102 US

FEI Number: 35-2356363

Name and Address of Current Registered Agent:

BURGOS, ELIEZER O CPA 5044 SW 164TH AVE MIRAMAR, FL 33027 US

The above named entity submits this statement

SIGNATURE	ELIEZER O BURGOS			05/01/2014
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	MGR	
Name	BIANCO COLMENARES, FERNANDO J	Name	BIANCO, FERNANDO J	
Address	3811 WOOD AVE	Address	3811 WOOD AVE	
City-State-Zip:	MIAMI FL 33133	City-State-Zip:	MIAMI FL 33133	

t for the purpose of changing its registered office or registered agent, or both, in	the State of Florida.
GOS	05/01/2014
300	03/01/2014

MANAGER

Date

FILED May 01, 2014 **Secretary of State** CC2915035797

Certificate of Status Desired: No