

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000009339

**Entity Name:** BIANCO POSTGRADUATE UNIVERSITY LLC**Current Principal Place of Business:**2140 WEST 68TH STREET  
SUITE 302  
HIALEAH, FL 33016**Current Mailing Address:**2140 WEST 68TH STREET  
SUITE 302  
HIALEAH, FL 33016 US**FEI Number:** 35-2356363**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BIANCO, FERNANDO J JR.  
2140 WEST 68TH STREET  
SUITE 302  
HIALEAH, FL 33016 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:** FERNANDO BIANCO

06/15/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BIANCO COLMENARES, FERNANDO J  
Address 2140 WEST 68TH STREET  
SUITE 302  
City-State-Zip: HIALEAH FL 33016

Title MGRM  
Name BIANCO, FERNANDO J  
Address 2140 WEST 68TH STREET  
SUITE 302  
City-State-Zip: HIALEAH FL 33016

Title AUTHORIZED MEMBER  
Name BIANCO, YLAYALY KATHERINE  
Address 2140 WEST 68TH STREET  
SUITE 302  
City-State-Zip: HIALEAH FL 33016

Title AUTHORIZED MEMBER  
Name BIANCO, MARIA FERNANDA  
Address 2140 WEST 68TH STREET  
SUITE 302  
City-State-Zip: HIALEAH FL 33016

Title AUTHORIZED MEMBER  
Name BIANCO, ISABEL CRISTINA  
Address 2140 WEST 68TH STREET  
SUITE 302  
City-State-Zip: HIALEAH FL 33016

Title MANAGER  
Name BIANCO RESEARCH LLC  
Address 3811 WOOD AVE  
City-State-Zip: MIAMI FL 33133

*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**DIRECTOR**

06/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date