

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000029306

**Entity Name:** CORAL GABLES CULINARY INSTITUTE, LLC

**Current Principal Place of Business:**

1441 BRICKELL AVENUE  
15TH FLOOR  
MIAMI, FL 33131

**Current Mailing Address:**

2135 CORAL WAY  
MIAMI, FL 33145 US

**FEI Number:** 27-5441020

**Certificate of Status Desired:** No

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

MONTERO, JULIAN F  
1441 BRICKELL AVENUE  
15TH FLOOR  
MIAMI, FL 33131 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 MGR  
Name SADE, VICTORIA  
Address 1441 BRICKELL AVENUE, 15TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name FERNANDEZ, CARLOS A  
Address 3101 NEW MEXICO AVENUE NW #235  
City-State-Zip: WASHINGTON DC 20006

*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:** VICTORIA SADE

**MANAGER**

**04/24/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date