## 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.

MANAGER

SIGNATURE: VICTORIA SADE

Electronic Signature of Signing Authorized Person(s) Detail

2014 FLORIDA	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

FLOOR

MIAMI FL 33131

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

MONTERO, JULIAN F 1441 BRICKELL AVENUE 15TH FLOOR MIAMI, FL 33131 US

FILED Apr 24, 2014 Secretary of State CC1789268268

Certificate of Status Desired: No

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:

City-State-Zip:

Title

Name

Date Electronic Signature of Registered Agent Authorized Person(s) Detail : MGR Title MGR SADE, VICTORIA FERNANDEZ, CARLOS A Name 1441 BRICKELL AVENUE, 15TH 3101 NEW MEXICO AVENUE NW #235 Address Address

City-State-Zip: WASHINGTON DC 20006

04/24/2014 Date