

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000029306

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

**Current Principal Place of Business:**

2135 CORAL WAY  
MIAMI, FL 33145

**Current Mailing Address:**

2135 CORAL WAY  
MIAMI, FL 33145 US

**FEI Number:** 27-5441020

**Certificate of Status Desired:** Yes

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

SADE, VICTORIA F  
2135 CORAL WAY  
MIAMI, FL 33145 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:** VICTORIA SADE

03/12/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                |                 |                                |
|-----------------|----------------|-----------------|--------------------------------|
| Title           | MGR            | Title           | MGR                            |
| Name            | SADE, VICTORIA | Name            | FERNANDEZ, CARLOS A            |
| Address         | 2135 CORAL WAY | Address         | 3101 NEW MEXICO AVENUE NW #235 |
| City-State-Zip: | MIAMI FL 33145 | 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

03/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date