

**2015 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: No**

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

MONTERO, JULIAN F  
200 SOUTH BISCAYNE BOULEVARD  
SUITE 3600  
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	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**

**01/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date