

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000038092

**Entity Name:** ANDRAGOGY AUTONOMOUS UNIVERSITY LLC**Current Principal Place of Business:**7950 NW 53RD STREET  
SUITE 337  
MIAMI, FL 33166**Current Mailing Address:**7950 NW 53RD STREET  
SUITE 337  
MIAMI, FL 33166 US**FEI Number:** 37-1718543**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTINEZ ZEPEDA, HECTOR  
7950 NW 53RD STREET  
SUITE 337  
MIAMI, FL 33166 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:** HECTOR MARTINEZ ZEPEDA

01/03/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MARTINEZ ZEPEDA, HECTOR H  
Address 7950 NW 53RD STREET SUITE 337  
City-State-Zip: MIAMI FL 33166

Title MGRM  
Name CRUZ DE MENCOS, ANA ELIZABETH  
Address 7950 NW 53RD STREET SUITE 337  
City-State-Zip: MIAMI FL 33166

Title MGRM  
Name MARTINEZ ZEPEDA, EDUARDO A  
Address 7950 NW 53RD STREET  
SUITE 337  
City-State-Zip: MIAMI FL 33166

Title MGRM  
Name ROSALES SANCHEZ, MONICA MARIA  
Address 7950 NW 53RD STREET  
SUITE 337  
City-State-Zip: MIAMI FL 33166

Title MGRM  
Name MENDOZA DE ALVAREZ, LISBETH M  
Address 7950 NW 53RD ST  
STE 337  
City-State-Zip: MIAMI FL 33166

Title MGRM  
Name RODRIGUEZ OLIVET, CARLOS  
LEONEL  
Address 7950 NW 53RD ST  
STE 337  
City-State-Zip: MIAMI FL 33166

*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:** MARTINEZ ZEPEDA , HECTOR**MEMBER**

01/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date