#### 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: JOSE R SANTAMARIA

Electronic Signature of Signing Authorized Person(s) Detail

MIAMI, FL 33166

### **Current Mailing Address:**

8181 NW 36TH STREET

20 I

8181 NW 36TH STREET 20 I MIAMI, FL 33166

## FEI Number: 00-000000

## Name and Address of Current Registered Agent:

SANTAMARIA, JOSE R 8181 NW 36 STREET SUITE 21-C DORAL, 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	UOSE R SANTAMARIA			04/22/2015
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	LINERO, LEONOR	Name	SANTAMARIA, JOSE R	
Address	8181 NW 36TH STREET	Address	8181 NW 36TH STREET	
City-State-Zip:	MIAMI FL 33166	City-State-Zip:	MIAMI FL 33166	
Title	MGR			
Name	SANTAMARIA, ALFRED			
Address	8181 NW 36TH STREET			
City-State-Zip:	MIAMI FL 33166			

Certificate of Status Desired: No

## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000101187

Entity Name: MIAMI INTERCONTINENTAL UNIVERSITY LLC

# **Current Principal Place of Business:**

AGENT

04/22/2015

## FILED Apr 22, 2015 Secretary of State CC9517984614

Date