

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L18000046166

Entity Name: SAINT CLARET UNIVERSITY AND ACCREDITATION, LLC**Current Principal Place of Business:**806 VERONA STREET
SUITE 1
KISSIMMEE, FL 34741**Current Mailing Address:**806 VERONA STREET
SUITE 1
KISSIMMEE, FL 34741 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AVROS CORPORATION
806 VERONA STREET
SUITE 1
KISSIMMEE, FL 34741 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:** RENE C. DUVEKOT

06/21/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name INTRA, ANDRE NERIO SILVA
Address 806 VERONA STREET
SUITE 1
City-State-Zip: KISSIMMEE FL 34741

Title MANAGER
Name DE BRITO SILVA, ODACY
Address 806 VERONA STREET
SUITE 1
City-State-Zip: KISSIMMEE FL 34741

Title MANAGER
Name RAMOS, ALEXANDRE TEIXEIRA
Address 806 VERONA STREET
SUITE 1
City-State-Zip: KISSIMMEE FL 34741

Title MANAGER
Name FERREIRA DOS SANTOS, CARLOS
ALBERTO JR.
Address 806 VERONA STREET
SUITE 1
City-State-Zip: KISSIMMEE FL 34741

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: ANDRE NERIO SILVA INTRA

AMBR

06/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date