

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011447

FILED
Apr 27, 2009
Secretary of State

Entity Name: TECANA AMERICAN UNIVERSITY, LLC

Current Principal Place of Business:

PAKMAIL 3069, 7701 N.W. 46ST UNIT 1-A
MIAMI, FL 33166 US

New Principal Place of Business:

1580 SAWGRASS CORPORATE PARKWAY
SUITE 130
SUNRISE, FL 33323 US

Current Mailing Address:

DR. JESUS R. RIVAS
PAKMAIL 3069, P.O.BOX NO 02 5304
MIAMI, FL 33102 US

New Mailing Address:

FEI Number: 33-1011608 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DR. JESUS REINALDO RIVAS ZABALETA
Address: 1580 SAWGRASS CORPORATE PARKWAY SUITE 130
City-St-Zip: SUNRISE, FL 33323

Title: MGRM () Delete
Name: MRS. OMAIRA GAMBOA OLIVARES
Address: 1580 SAWGRASS CORPORATE PARKWAY SUITE 130
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DR. JESUS REINALDO RIVAS ZABALETA MGRM 04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date