

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029409

Entity Name: ACADEMICA DADE LLC

Current Principal Place of Business:

6340 SUNSET DR.
MIAMI, FL 33143

Current Mailing Address:

6340 SUNSET DR.
MIAMI, FL 33143

FEI Number: 20-2594169

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAPA, COLLETTE ESQ.
6340 SUNSET DRIVE
MIAMI, FL 33143 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
Name ACADEMICA MANAGEMENT LLC
Address 6340 SUNSET DR.
City-State-Zip: MIAMI FL 33143

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: COLLETTE PAPA

RA

04/13/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date