## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000128145

**Entity Name: OR LEARNING INSTITUTE LLC** 

inity Name. OR LEARNING INSTITUTE LLC

**Current Principal Place of Business:** 

14285 SW 42 ST SUITE 211 MIAMI, FL 33175

**Current Mailing Address:** 

14285 SW 42 ST SUITE 211 MIAMI, FL 33175 US

FEI Number: 45-3785485 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDRES, ANDRES A SR. 14245 SW 44 ST MIAMI, FL 33175 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: ANDRES ANDRES 03/07/2016

Electronic Signature of Registered Agent

Date

FILED Mar 07, 2016

**Secretary of State** 

CC5395580376

Authorized Person(s) Detail:

CEO Title Title CO- OWNER/INVESTOR ANDRES, ANDRES A. Name Name CARMONA, RANDY J SR. 14245 SW 44 ST Address Address 1080 SW 184TH TERRACE HOLLIWOOD, FL 33029 City-State-Zip: MIAMI FL 33175 City-State-Zip:

Title CO-OWNER/INVESTOR

Name GONZALEZ QUEVEDO, FELIX A SR.

Address 9205 SW 58 AVE. City-State-Zip: MIAMI FL 33156

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: ANDRES A ANDRES

OR LEARNING INSTITUTE 03/07/2016 CEO

Electronic Signature of Signing Authorized Person(s) Detail

Date