

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000128145

**Entity 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

03/11/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name ANDRES, ANDRES A.  
Address 14245 SW 44 ST  
City-State-Zip: MIAMI FL 33175

*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

CEO

03/11/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date