

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000258956

Entity Name: CLIFTON INTERNATIONAL UNIVERSITY LLC**Current Principal Place of Business:**841 PRUDENTIAL DR 12TH FL
JACKSONVILLE, FL 32207**Current Mailing Address:**841 PRUDENTIAL DR 12TH FL
JACKSONVILLE, FL 32207 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.
7901 4TH STREET NORTH
SUITE 300
ST.PETERSBURG, FL 33702 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 AQEEL, AHMAD
Address 6612 AVE M BROOKLYN
City-State-Zip: BROOKLYN NY 11234

Title MGR
Name LOPEZ, EVELYN
Address 841 PRUDENTIAL DR 12TH FL
City-State-Zip: JACKSONVILLE FL 32207

Title AMBR
Name PATHYASSERI AYDROSE, FAZILUL
HAQUE
Address G-D-FLEX-G096, TECHNO HUN
City-State-Zip: SILICON OASIS,DUBAI,UAE OC

Title AMBR
Name SHALTAQ HAMEED, KHALID
Address G-D-FLEX-G096, TECHNO HUB
City-State-Zip: SILICON OASIS,DUBAI,UAE OC

Title AMBR
Name AZIZ, IMRAN
Address G-D-FLEX-G096, TECHNO HUB
City-State-Zip: SILICON OASIA,DUBAI,UAE FL

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: AQEEL AHMAD

MGR

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date