

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000033077

Entity Name: GLOBAL INNOVATIVE CONSULTING NETWORK, LLC**Current Principal Place of Business:**19830 NE 14TH AVE
MIAMI, FL 33179**Current Mailing Address:**POST OFFICE 693995
MIAMI, FL 33269 US**FEI Number: 82-4333209****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ETIENNE, MARIE O
19830 NE 14TH AVENUE
NORTH MIAMI BEACH, FL 33179 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	PRESIDENT & CEO	Title	VICE-PRESIDENT OF OPERATIONS
Name	ETIENNE, MARIE O	Name	DELICA, FAYOLA
Address	19830 NE 14TH AVENUE	Address	PO 530471
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	MIAMI SHORES FL 33153
Title	DIRECTOR OF MARKETING	Title	DIRECTOR OF EDUCATION
Name	DOMINIQUE, YATANELL	Name	PHILLIPS, MARTINE
Address	10545 NE 3RD CT	Address	1894 SW 156TH AVE
City-State-Zip:	MIAMI SHORES FL 33138	City-State-Zip:	MIRAMAR FL 33027
Title	CHIEF FIANCIAL OFFICER	Title	DIRECTOR OF HISPANIC AFFAIRS
Name	MILLER, CONSTANCE	Name	HIDALGO, MARIA
Address	1470 NE 123RD ST 603	Address	5005 COLLINS AVE 404
City-State-Zip:	NORTH MIAMI FL 33161	City-State-Zip:	MIAMI BEACH FL 33140
Title	DIRECTOR OF CURRICULUM DEVELOPMENT	Title	EVENT COORDINATOR
Name	YATES, LENORA	Name	WILLIAMS, MAGGIE
Address	15608 SW 103 TERR	Address	6698 10TH AVE N. 103
City-State-Zip:	MIAMI FL 33196	City-State-Zip:	LAKE WORTH FL 33467

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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: CONSTANCE MILLER**TREASURER****01/14/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	DIRECTOR OF FACULTY AFFAIRS
Name	LEVEILLE, DOROTHY
Address	18004 12TH CT
City-State-Zip:	PEMBROKE PINES FL 33029