

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000012256

**Entity Name:** INSTITUTE FOR AFRICAN AMERICAN THOUGHT AND PHILOSOPHY LLC

**Current Principal Place of Business:**

5614 NW 30TH AVENUE  
MIAMI, FL 33142

**Current Mailing Address:**

P.O. BOX 473432  
MIAMI, FL 33247

**FEI Number:** 27-4829221

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ORISALOLA, EKUNKONYE MR.  
5614 NW 30TH AVENUE  
MIAMI, FL 33142 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 EKUNKONYE, ORISALOLA MR.  
Address 5614 NW 30TH AVENUE  
City-State-Zip: MIAMI FL 33142

*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:** ORISALOLA EKUNKONYE

**MANAGER**

**02/20/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date