

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000114388

**Entity Name:** MARUGE KUNDI INSTITUTE LLC

**Current Principal Place of Business:**

13715 FLORA PLACE  
UNIT D  
DELRAY BEACH , FL 33484

**Current Mailing Address:**

3850 S UNIVERSITY DRIVE  
SUITE 292253  
DAVIE, FL 33329 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

TOSU, AGBEKO-KWASI  
3850 S UNIVERSITY DRIVE  
SUITE 292253  
DAVIE, FL 33329 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 AUTHORIZED REPRESENTATIVE  
Name TOSU, AGBEKO-KWASI  
Address 3850 S UNIVERSITY DRIVE SUITE  
292253  
City-State-Zip: DAVIE FL 33329

Title SECRETARY  
Name AHETO, ELORM  
Address 3850 S. UNIVERSITY DRIVE  
City-State-Zip: DAVIE FL 33329

Title DIRECTOR  
Name OLAIFA, IREOLA  
Address 3850 S. UNIVERSITY DRIVE  
City-State-Zip: DAVIE FL 33329

Title PRESIDENT  
Name TOSU, AGBEKO-KWASI  
Address 3850 S. UNIVERSITY DRIVE  
292253  
City-State-Zip: DAVIE FL 33329

*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:** AGBEKO-KWASI TOSU

**PRESIDENT**

**04/30/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date