

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000408503

**Entity Name:** MOREN CHRISTIAN UNIVERSITY LLC

**Current Principal Place of Business:**

8270 SW 135TH LOOP  
OCALA, FL 34473

**Current Mailing Address:**

2703 TRIP HOLLOW WAY  
GRAYSON, GA 30017

**FEI Number:** 92-0352516

**Certificate of Status Desired:** No

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

HENDERSON, VINCENT  
8270 SW 135TH LOOP  
OCALA, FL 34473 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 AGBEYOMI, OLUKAYODE  
Address 2703 TRIP HOLLOW WAY  
City-State-Zip: GRAYSON GA 30017

*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:** OLUKAYODE AGBEYOMI

MGR

03/26/2025

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

\_\_\_\_\_  
Date