

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000098866

Entity Name: EDUKARPE, LLC

Current Principal Place of Business:

999 PONCE DE LEON BLVD.
SUITE 625
CORAL GABLES, FL 33134

Current Mailing Address:

999 PONCE DE LEON BLVD.
SUITE 625
CORAL GABLES, FL 33134 UN

FEI Number: 82-1530433

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

APPELROUTH CONSULTING CORP.
999 PONCE DE LEON BLVD.
SUITE 625
CORAL GABLES, FL 33134 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 CRUZ, EDUARDO A
Address 8260 NW 14TH STREET, EPS #P-2069
City-State-Zip: DORAL FL 33126

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: EDUARDO A CRUZ

MGR

03/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date