

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000058137

**Entity Name:** LAXMI N.LALWANI P.A.

**Current Principal Place of Business:**

1520 SUNRISE BLVD  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

1520 E SUNRISE BLVD  
FORT LAUDERDALE, FL 33304 US

**FEI Number:** 47-5135453

**Certificate of Status Desired:** No

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

LALWANI, LAXMI N  
1520 E SUNRISE BLVD  
FT LAUDERDALE, FL 33304 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

**Officer/Director Detail :**

Title P  
Name LALWANI, LAXMI N  
Address 1520 E SUNRISE BLVD  
City-State-Zip: FT LAUDERDALE FL 33304

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAXMI N LALWANI

MNG

03/07/2023

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date