

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000003673

**FILED**  
**Apr 26, 2016**  
**Secretary of State**  
**CC1843730398**

**Entity Name:** MOTWANI VENTURES LLC

**Current Principal Place of Business:**

401 EAST LAS OLAS BLVD.  
SUITE 130-324  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

401 EAST LAS OLAS BLVD.  
SUITE 130-324  
FORT LAUDERDALE, FL 33301

**FEI Number:** 20-3175980

**Certificate of Status Desired:** No

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

MOTWANI, NITIN  
401 EAST LAS OLAS BLVD.  
SUITE 130-324  
FORT LAUDERDALE, FL 33301 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	Title	O
Name	MOTWANI, RAMOLA R	Name	MOTWANI, NITIN
Address	401 EAST LAS OLAS BLVD. SUITE 130 -324	Address	401 EAST LAS OLAS BLVD., SUITE 130 -324
City-State-Zip:	FORT LAUDERDALE FL 33301	City-State-Zip:	FT. LAUDERDALE FL 33301
Title	O		
Name	MOTWANI, DEV		
Address	401 EAST LAS OLAS BLVD., SUITE 130 -324		
City-State-Zip:	FT. LAUDERDALE FL 33301		

*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:** RAMOLA MOTWANI

**MGR**

**04/26/2016**

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