

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000116309

**Entity Name:** SHIKHA, LLC

**Current Principal Place of Business:**

5903 NW FAVIAN AVE  
PT ST LUCIE, FL 34986

**Current Mailing Address:**

5903 NW FAVIAN AVE  
PT ST LUCIE, FL 34986 US

**FEI Number:** 03-0611056

**Certificate of Status Desired:** No

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

PATEL, BAKUL  
5903 NW FAVIAN AVE  
PT ST LUCIE, FL 34986 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 MGRM  
Name PATEL, BAKUL  
Address 5903 NW FAVIAN AVE  
City-State-Zip: PT ST LUCIE FL 34986

Title MGRM  
Name PATEL, HINA  
Address 5903 NW FAVIAN AVE  
City-State-Zip: PT ST LUCIE FL 34986

*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:** BAKUL PATEL

**PRESIDENT**

**03/08/2016**

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

\_\_\_\_\_  
Date