

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000021148

**Entity Name:** YOGSHRI ,LLC

**Current Principal Place of Business:**

416 EAST TENNESSEE ST.  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

416 EAST TENNESSEE ST.  
TALLAHASSEE, FL 32301 US

**FEI Number:** 65-1296904

**Certificate of Status Desired:** No

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

KASHYAP, DESAI  
416 EAST TENNESSEE ST.  
TALLAHASSEE, FL 32301 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 KASHYAP, DESAI  
Address 416 EAST TENNESSEE ST  
City-State-Zip: TALLAHASSEE FL 32301

Title MGRM  
Name VINOD, BABARIYA  
Address 1832 CAPITAL CIRCLE,N.E.  
City-State-Zip: TALLAHASSEE FL 32308

Title MGRM  
Name JAYSHRI, JOSHI  
Address 1129 SANDIER RIDGE ROAD  
City-State-Zip: TALLAHSSEE FL 32317

Title MBR  
Name PANT, KUMARI NIRJA  
Address 1712 BRITTANY DAWN DR  
City-State-Zip: SNELLVILLE GA 30078

*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:** KASHYAP DESAI

**MANAGER**

**02/22/2024**

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

\_\_\_\_\_  
Date