

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000047929

Entity Name: TAGINVEST LLC

Current Principal Place of Business:

7943 TERRACE RIDGE DR.
TAMPA, FL 33637

Current Mailing Address:

7943 TERRACE RIDGE DR.
TAMPA, FL 33637 US

FEI Number: 81-1781117

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHARMA, NITYANAND
7943 TERRACE RIDGE DR.
TAMPA, FL 33637 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: MANAGER
Name: SHARMA, NITYANAND
Address: 7943 TERRACE RIDGE DR.
City-State-Zip: TAMPA FL 33637

Title: AUTHORIZED MEMBER
Name: MODY, DHARA
Address: 1585 VIRGINIA WILLOW DR.
City-State-Zip: WESLEY CHAPEL FL 33544

Title: AUTHORIZED MEMBER
Name: KHANDELWAL, SHIKHA
Address: 10210 MEADOW CROSSINGS DR.
City-State-Zip: TAMPA FL 33647

Title: AUTHORIZED MEMBER
Name: GUDLAVENKATASIVA, BHASKAR R
Address: 13030 TERRACE SPRINGS DR.
City-State-Zip: TAMPA FL 33637

Title: MANAGER
Name: SHARMA, RENU
Address: 20107 BLUFF OAK BLVD.
City-State-Zip: TAMPA FL 33647

Title: MANAGER
Name: SIVAKKOLUNDHU, PREMANAND
Address: 20040 SATIN LEAF AVE
City-State-Zip: TAMPA FL 33647

Title: MANAGER
Name: NARAYANAN, KAUSHIK
Address: 19313 AUTUMN WOODS AVE
City-State-Zip: TAMPA FL 33647

Title: AUTHORIZED MEMBER
Name: KULKARNI, VENUVENKATESH D
Address: 29125 HERITAGE POINT DR
City-State-Zip: TAMPA FL 33647

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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: NITYANAND SHARMA

MANAGER

03/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED MEMBER
Name KADIA, JIGNASA
Address 19248 EARLY VIOLET DR
City-State-Zip: TAMPA FL 33647

Title AUTHORIZED MEMBER
Name KULANDAIVELAN, SENTHILKUMARAN
Address 16030 BELLA WOODS DR
City-State-Zip: TAMPA FL 33647

Title AUTHORIZED MEMBER
Name JOHN, JOSY
Address 27426 WHISPERING BIRCH WAY
City-State-Zip: WESLEY CHAPEL FL 33544

Title AUTHORIZED MEMBER
Name TALATI, RAJESHKUMAR P
Address 12908 TERRACE SPRINGS DR
City-State-Zip: TAMPA FL 33637