

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000047929

**Entity Name:** TAGINVEST LLC

**Current Principal Place of Business:**

31081 LINDENTREE DR  
WESLEY CHAPEL, FL 33543

**Current Mailing Address:**

31081 LINDENTREE DR  
WESLEY CHAPEL, FL 33543 US

**FEI Number:** 81-1781117

**Certificate of Status Desired:** No

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

SHARMA, NITYANAND  
31081 LINDENTREE DR  
WESLEY CHAPEL, FL 33543 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        31081 LINDENTREE DR  
City-State-Zip: WESLEY CHAPEL FL 33543

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

**Continues on page 2**

*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**

**02/19/2021**

\_\_\_\_\_  
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 31037 LINDENTREE DR  
City-State-Zip: WESLEY CHAPEL FL 33543