

2023 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

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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

01/30/2023

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