

**2020 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**

**02/22/2020**

\_\_\_\_\_  
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