

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000056507

Entity Name: MAYURI K LLC

Current Principal Place of Business:

4 NEW WARRINGTON RD
PENSACOLA, FL 32506

Current Mailing Address:

1260 HERON LAKES CIRCLE
MOBILE, AL 36693

FEI Number: 81-1931470

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, KALPESH
4 NEW WARRINGTON RD
PENSACOLA, FL 32506 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: KALPESH PATEL

03/16/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: MANAGER
Name: PATEL, KALPESH
Address: 1260 HERON LAKES CIRCLE
City-State-Zip: MOBILE AL 36693

Title: AUTHORIZED MEMBER
Name: PATEL, MAYURI
Address: 1260 HERON LAKES CIRCLE
City-State-Zip: MOBILE AL 36693

Title: AUTHORIZED MEMBER
Name: PATEL, BHAVESH R
Address: 3661 AIRPORT BLVD.
#186
City-State-Zip: MOBILE AL 36608

Title: AUTHORIZED MEMBER
Name: AMIN, SHILPABEN S
Address: ONE EAST I-65 SERVICE ROAD
SOUTH
City-State-Zip: MOBILE AL 36607

Title: AUTHORIZED MEMBER
Name: PATEL, BINTA H
Address: ONE EAST I-65 SERVICE ROAD
SOUTH
City-State-Zip: MOBILE AL 36607

Title: AUTHORIZED MEMBER
Name: PATEL, HEMANG R
Address: 3661 AIRPORT BLVD.
#186
City-State-Zip: MOBILE AL 36608

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: KALPESH PATEL

MEMBER

03/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date