

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000166054

**Entity Name:** SHIV SAINATH LLC

**Current Principal Place of Business:**

1134 ANDREW AVILES CIR.  
TAMPA, FL 33619

**Current Mailing Address:**

1134 ANDREW AVILES CIR.  
TAMPA, FL 33619 US

**FEI Number:** 82-2384175

**Certificate of Status Desired:** No

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

KASHYAP, SHIVA  
1134 ANDREW AVILES CIR.  
TAMPA, FL 33619 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 MGR  
Name KASHYAP, SHIVA  
Address 1226 E CUMBERLAND AV  
City-State-Zip: TAMPA FL 33602

*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:** SHIVA KASHYAP

**MANAGER**

**01/15/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date