

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000085959

**Entity Name:** SHIVA VISHNU INVESTMENT CLUB LLC

**Current Principal Place of Business:**

4845 KENSINGTON CIR  
CORAL SPRINGS, FL 33076

**Current Mailing Address:**

4845 KENSINGTON CIR  
CORAL SPRINGS, FL 33076 US

**FEI Number: 82-5021416**

**Certificate of Status Desired: No**

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

PALANIAPPA, ARUNACHALAM  
4845 KENSINGTON CIRCLE  
CORAL SPRING, FL 33076 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 AMBR  
Name PALANISAMY, SUBRAMANIAM  
Address 407 MALLARD ROAD  
City-State-Zip: WESTON FL 33327

Title AMBR  
Name ALAGIRISWAMI, KRISHNA  
Address 1201 S OCEAN DRIVE #1506  
City-State-Zip: HOLLYWOOD FL 33019

Title AMBR  
Name RAMMOHAN, M.  
Address 2100 N OCEAN BLVD UNIT 1504  
City-State-Zip: FT LAUDERDALE FL 33305

Title AMBR  
Name PALANIAPPA, ARUNACHALAM S  
Address 4845 KENSINGTON CIRCLE  
City-State-Zip: CORAL SPRINGS FL 33076

Title AMBR  
Name NARAYANAN, P.K.SANKARA  
Address 1975 NW 167TH AVENUE  
City-State-Zip: PEMBROKE PINES FL 33028

Title AMBR  
Name RAMASAMY, SRIDEVI  
Address 401 NW 23RD STREET  
City-State-Zip: BOCA RATON FL 33431

Title AMBR  
Name MUTHUSWAMY, HARI  
Address 346 E WOOD TERRACE  
City-State-Zip: BOCA RATON FL 33431

Title AMBR  
Name KITCHAPPA, RADHABAI  
Address 11397 WATER OAK PLACE  
LONG LAKE RANCHES  
City-State-Zip: DAVIE FL 33330

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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: ARUNACHALAM S PALANIAPPA**

**PRESIDENT**

**04/05/2023**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title AMBR  
Name DHARMAPPA, KABBINAMANE V  
Address 5137 NW 109 TERRACE  
City-State-Zip: CORAL SPRINGS FL 33076

Title AMBR  
Name RATHINAVELU, PREMA  
Address 1128 LAVENDAR CIRCLE  
City-State-Zip: WESTON FL 33327

Title AMBR  
Name KRISHNAN, KANNAN  
Address 15909 ASHBY FIELD ROAD  
City-State-Zip: DAVIE FL 33331