

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000172877

**Entity Name:** SPARTAN IVES LLC

**Current Principal Place of Business:**

8447 DUNHAM STATION DR  
TAMPA, FL 33647

**FILED**  
**Mar 25, 2020**  
**Secretary of State**  
**0205122530CC**

**Current Mailing Address:**

14 DUNE RD  
OCEAN, NJ 07712 US

**FEI Number: 83-1259004**

**Certificate of Status Desired: No**

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

AMIN, AMAR  
8447 DUNHAM STATION DR  
TAMPA, FL 33647 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 AMIN, AMAR  
Address 14 DUNE RD  
City-State-Zip: OCEAN NJ 07712

Title MGR  
Name MAJMUNDAR, SAPAN  
Address 1 WAINSCOTT CT  
City-State-Zip: OCEAN NJ 07712

Title MGR  
Name AMIN, RAKESH  
Address 7 COBBLESTONE CT  
City-State-Zip: HOLMDEL NJ 07733

Title MGR  
Name AMIN, CHIRAG  
Address 8447 DUNHAM STATION DR  
City-State-Zip: TAMPA FL 33647

Title MGR  
Name PATIDAR, KIRIT  
Address 8152 BRINEGAR CIR  
City-State-Zip: TAMPA FL 33647

Title MGR  
Name PATEL, BELA  
Address 1 MARK PL  
City-State-Zip: OCEAN NJ 07712

Title MGR  
Name PANCHAL, NIKUL  
Address 19126 WOOD SAGE RD  
City-State-Zip: TAMPA FL 33647

Title MGR  
Name PATEL, VIPUL  
Address 6 NAOMI RD  
City-State-Zip: OCEABN NJ 07712

**Continues on page 2**

*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: AMAR AMIN**

**MEMBER**

**03/25/2020**

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

\_\_\_\_\_  
Date

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

Title MGR  
Name PATEL, JAYESH  
Address 2 SONIA CT  
City-State-Zip: EDISON NJ 08820