

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000242956

**Entity Name:** SANS PARTNERS LLC

**Current Principal Place of Business:**

15757 PINES BLVD  
SUITE # 116  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

15757 PINES BLVD  
SUITE # 116  
PEMBROKE PINES, FL 33027 US

**FEI Number:** 83-2269678

**Certificate of Status Desired:** No

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

MANOHARAN, SUNIL  
15757 PINES BLVD  
SUITE # 116  
PEMBROKE PINES, FL 33027 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 MANOHARAN, SUNIL  
Address 15757 PINES BLVD  
SUITE # 116  
City-State-Zip: PEMBROKE PINES FL 33027

Title AMBR  
Name KUMAR, AJITH  
Address 15757 PINES BLVD  
SUITE # 116  
City-State-Zip: PEMBROKE PINES FL 33027

Title AMBR  
Name KALLAMVALLI, NARAYANAN  
Address 15757 PINES BLVD  
SUITE # 116  
City-State-Zip: PEMBROKE PINES FL 33027

Title AMBR  
Name KUMAR, SUNIL  
Address 15757 PINES BLVD  
SUITE # 116  
City-State-Zip: PEMBROKE PINES FL 33027

*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:** SUNIL MANOHARAN

AMBR

04/28/2022

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

\_\_\_\_\_  
Date