## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000267813

**Entity Name: EKADASHI MANAGEMENT LLC** 

**Current Principal Place of Business:** 

9105 OAK PRIDE CT TAMPA. FL 33647

**Current Mailing Address:** 

9105 OAK PRIDE CT TAMPA, FL 33647

FEI Number: 83-2543359 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, MANISH R 9105 OAK PRIDE CT 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

FILED Apr 03, 2019

**Secretary of State** 

2076017808CC

Authorized Person(s) Detail :

Title AMBR Title AMBR

Name PATEL, MANISH R Name PATEL, AMI A

Address 9105 OAK PRIDE CT Address 4350 HIGHCROFT DR

City-State-Zip: TAMPA FL 33647 City-State-Zip: WESLEY CHAPEL FL 33545

Title AMBR Title AMBR

Name PATEL, YOGESHKUMAR R Name RELATIVITY INVESTMENTS LLC

Address 1539 E MEMORIAL BLVD Address 2959 WINGLEWOOD CIR

City-State-Zip: LAKELAND FL 33801 City-State-Zip: LUTZ FL 33558

Title AMBR Title AUTHORIZED MEMBER

Name PATEL, TEJAS Name JAIN , POOJA

Address 11412 DUTCH IRIS DR Address 30246 SOUTHERNWOOD CT
City-State-Zip: RIVERVIEW FL 33578 City-State-Zip: WESLEY CHAPEL FL 33543

Title AUTHORIZED MEMBER Title AUTHORIZED MEMBER

Name PATEL, KRISHNA Name SRISHA LLC

Address 2029 ABBEY TRACE DR Address 6511 14TH STREET WEST
City-State-Zip: DOVER FL 33527 City-State-Zip: BRADENTON FL 34207

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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: MANISH PATEL AMBR 04/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

TitleAUTHORIZED MEMBERTitleAUTHORIZED MEMBERNameA C INFINITY GROUPNamePATEL, CHETAL RAddress142 DECKER RDAddress3307 MAPLERIDGE DRCity-State-Zip:BONTOON NJ 07005City-State-Zip:LUTZ FL 33558

Title AUTHORIZED MEMBER Title AUTHORIZED MEMBER

NamePATEL, CHETANKUMAR HNamePATEL, HIRALAddress2411 LIMESTONE RDAddress3960 EMPOLI CT

City-State-Zip: WILMINGTON DE 19808 City-State-Zip: WESLEY CHAPEL FL 33543