

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000285624

**FILED**  
**Jan 07, 2019**  
**Secretary of State**  
**2996080811CC**

**Entity Name:** JADUNATH & SONS LLC.

**Current Principal Place of Business:**

5351 CAPE HATERAS DR  
CLERMONT, FL 34714

**Current Mailing Address:**

5351 CAPE HATERAS DR  
CLERMONT, FL 34714

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

JADUNATH, SEODAT  
5351 CAPE HATERAS DR  
CLERMONT, FL 34714 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 JADUNATH, SEODAT  
Address 5351 CAPE HATERAS DR  
City-State-Zip: CLERMONT FL 34714

Title AMBR  
Name JADUNATH, HARDAI  
Address 5351 CAPE HATERAS DR  
City-State-Zip: CLERMONT FL 34714

Title MRGM  
Name JADUNATH, LAWRENCE  
Address 5351 CAPE HATERAS DR  
City-State-Zip: CLERMONT FL 34714

Title MGRM  
Name JADUNATH, DARREN  
Address 5351 CAPE HATERAS DR  
City-State-Zip: CLERMONT FL 34714

*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:** SEODAT JADUNATH

AMBR

01/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date