

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000012303

**Entity Name:** SUR SPECTRUM LLC

**Current Principal Place of Business:**

3784 MISSION AVE STE 148  
OCEANSIDE, CA 92058

**Current Mailing Address:**

3784 MISSION AVE STE 148  
OCEANSIDE, CA 92058 US

**FEI Number:** 83-3143738

**Certificate of Status Desired:** No

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

DEKATE, GANESH  
1675 LAKEMONT AVENUE APT201  
ORLANDO, FL 32814 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 SETHURAM, SAI  
Address 15905 SIMONS LN  
City-State-Zip: SAN DIEGO CA 92127

Title AMBR  
Name KALANKE, SACHIN  
Address 3784 MISSION AVE STE 148  
City-State-Zip: OCEANSIDE CA 92058

Title AMBR  
Name PATEL, PANKAJ  
Address 15884 BASS LN  
City-State-Zip: SAN DIEGO CA 92127

Title AMBR  
Name BHATNAGAR, NITIN  
Address 15915 SIMONS LN  
City-State-Zip: SAN DIEGO CA 92127

Title AMBR  
Name CHAUHAN, AJAYKUMAR  
Address 15879 DYER LN  
City-State-Zip: SAN DIEGO CA 92127

Title AMBR  
Name DEKATE, GANESH  
Address 1675 LAKEMONT AVE APT 201  
City-State-Zip: ORLANDO FL 32814

*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:** SAI SETHURAM

**MEMBER**

**04/24/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date