

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000016889

Entity Name: KRISHNA 3 L.L.C**Current Principal Place of Business:**4700 28TH STREET N
ST.PETERSBURG, FL 33714**Current Mailing Address:**4700 28TH STREET N
ST.PETERSBURG, FL 33714 US**FEI Number:** 83-3155520**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NAYAK, NITIN
4700 28TH STREET N
ST.PETERSBURG, FL 33714 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 | NAYAK, NITIN |
| Address | 4700 28TH STREET N |
| City-State-Zip: | ST.PETERSBURG FL 33714 |

| | |
|-----------------|------------------------|
| Title | MGR |
| Name | PATEL, NAYANBHAI |
| Address | 4700 28TH STREET N |
| City-State-Zip: | ST.PETERSBURG FL 33714 |

| | |
|-----------------|------------------------|
| Title | MGR |
| Name | PATEL, RAMILA |
| Address | 4700 28TH STREET N |
| City-State-Zip: | ST.PETERSBURG FL 33714 |

| | |
|-----------------|------------------------|
| Title | OWNER |
| Name | SHAH, HARDIK |
| Address | 4700 28TH STREET N |
| City-State-Zip: | ST.PETERSBURG FL 33714 |

| | |
|-----------------|------------------------|
| Title | OWNER |
| Name | PATEL, VIRAT |
| Address | 4700 28TH STREET N |
| City-State-Zip: | ST.PETERSBURG FL 33714 |

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: NITIN NAYAK

OWNER

01/17/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date