

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000050431

**Entity Name:** DECCAN SPICE POMPAÑO LLC

**Current Principal Place of Business:**

553 CASCADE FALLS DRIVE  
WESTON, FL 33327

**Current Mailing Address:**

553 CASCADE FALLS DRIVE  
WESTON, FL 33327 US

**FEI Number:** 83-3756416

**Certificate of Status Desired:** No

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

KASAM, NIRUPAMA PRE  
553 CASCADE FALLS DRIVE  
WESTON, FL 33327 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	AR	Title	MGRM
Name	SOMASHEKHAR, KASAM	Name	KASAM, NIRUPAMA
Address	553 CASCADE FALLS DRIVE	Address	553 CASCADE FALLS DRIVE
City-State-Zip:	WESTON FL 33327	City-State-Zip:	WESTON FL 33327

*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:** SOMASHEKHAR KASAM

AR

04/29/2022

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

\_\_\_\_\_ Date