

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000062337

**Entity Name:** ARALIYA VALUATION CONSULTING LLC

**Current Principal Place of Business:**

2819 W LEILA AVE  
TAMPA, FL 33611

**Current Mailing Address:**

2819 W LEILA AVE  
TAMPA, FL 33611 US

**FEI Number:** 83-3967864

**Certificate of Status Desired:** No

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

KALAVA, NATALIYA  
2819 W LEILA AVE  
TAMPA, FL 33611 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            OWNER  
Name            KALAVA, NATALIYA  
Address        2819 W LEILA AVE  
City-State-Zip: TAMPA FL 33611

Title            OWNER  
Name            KALAVA, ARUN  
Address        2819 W LEILA AVE  
City-State-Zip: TAMPA FL 33611

*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:** NATALIYA KALAVA

**OWNER**

**02/27/2021**

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

\_\_\_\_\_  
Date