

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000102931

Entity Name: SAI KIRAN PROPERTIES LLC**Current Principal Place of Business:**2617 MEAD AVE
SAINT CLOUD, FL 34771**Current Mailing Address:**2617 MEAD AVE
SAINT CLOUD, FL 34771 US**FEI Number:** 83-4413386**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TOTA, KALYANKAR
2617 MEAD AVE
SAINT CLOUD, FL 34771 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 TOTA, KALYANKAR
Address 2617 MEAD AVE
City-State-Zip: SAINT CLOUD FL 34771

Title MGR
Name SEELAM, MURALIDHAR
Address 8519 TERLIZZI CT
City-State-Zip: ORLANDO FL 32836

Title AMBR
Name KASI, PRASAD
Address 10392 WOODWARD WINDS DR
City-State-Zip: ORLANDO US 32827

Title AMBR
Name GUNDA, VIJAY
Address 2575 SW 158TH AVE
City-State-Zip: MIRAMAR FL 33027

Title AMBR
Name NALAGANDLA, VAMSEE CHARAN
Address 10377 HENBURY ST
City-State-Zip: ORLANDO FL 32832

Title AMBR
Name CHERIVIRALA, SURESH
Address 2013 NORTHUMBRIA DR
City-State-Zip: SANFORD FL 32771

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: KALYANKAR TOTA**MANAGER****01/16/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date