

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000207408

**Entity Name:** TOYS4KIDS LLC**Current Principal Place of Business:**2416 GRAND CYPRESS DR  
312  
LUTZ, FL 33559**Current Mailing Address:**20112 OAKFLOWER AVE  
TAMPA, FL 33647 US**FEI Number:** 84-2719095**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ATCHUTA, SWATHI  
20112 OAKFLOWER AVE  
TAMPA, FL 33647 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 AP  
Name BOGGARAPU, GURU  
Address 20112 OAKFLOWER AVE  
City-State-Zip: TAMPA FL 33647

Title AP  
Name ATCHUTA, SRINIVAS KIRAN  
Address 13113 HEATHER MOSS DR #702  
City-State-Zip: ORLANDO FL 32837

Title AMBR  
Name NOMULA, SOUJANYA  
Address 20010 BRIGHT OAK CT  
City-State-Zip: TAMPA FL 33647

Title AMBR  
Name KORLEPARA, LAKSHMI KANTI  
Address 13113 HEATHER MOSS DR #702  
City-State-Zip: ORLANDO FL 32837

Title AMBR  
Name ATCHUTA, SWATHI  
Address 20112 OAKFLOWER AVE  
City-State-Zip: TAMPA FL 33647

Title AP  
Name VANAPARTHI, ESHWAR  
Address 20010 BRIGHT OAK CT  
City-State-Zip: TAMPA FL 33647

*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:** GURU BOGGARAPU

AP

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date