

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000252380

**Entity Name:** AYURVEDA INTEGRATIVE WELLNESS INSTITUTE USA LLC

**FILED**  
**Jun 18, 2020**  
**Secretary of State**  
**6405090165CC**

**Current Principal Place of Business:**

1520 GULF BLVD.  
#1606  
CLEARWATER, FL 33767

**Current Mailing Address:**

1520 GULF BLVD. #1606  
CLEARWATER, FL 33767 US

**FEI Number: 26-3418567**

**Certificate of Status Desired: No**

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

THAKAR, LINA  
1520 GULF BLVD. #1606  
CLEARWATER, FL 33767 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 THAKAR, LINA  
Address 1520 GULF BLVD., #1606  
City-State-Zip: CLEARWATER FL 33767

*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: LINA THAKAR**

**MGR**

**06/18/2020**

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

\_\_\_\_\_  
Date