

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000362308

**Entity Name:** SHAGUN TAMPA LLC

**Current Principal Place of Business:**

4891 S SUNCOAST BLVD  
HOMOSASSA, FL 34446

**Current Mailing Address:**

4891 S SUNCOAST BLVD  
HOMOSASSA, FL 34446 US

**FEI Number:** 85-4081456

**Certificate of Status Desired:** No

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

PATEL, NEEL N  
12834 DARBY RIDGE DR  
TAMPA, FL 33624 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	Title	MGR
Name	PATEL, NEEL N	Name	PATEL, NAGINKUMAR R
Address	12834 DARBY RIDGE DR	Address	12834 DARBY RIDGE DR
City-State-Zip:	TAMPA FL 33624	City-State-Zip:	TAMPA FL 33624

*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:** NEEL N PATEL

**MGR**

**04/10/2024**

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

\_\_\_\_\_  
Date