Current Mai	ling Address:			
410 SAVOIE PALM BEAC	DR CH GARDENS, FL 33410			
FEI Number	: APPLIED FOR		Certificate of Status Desire	d: No
Name and A	Address of Current Registered Agent:			
SWAMINATHA 410 SAVOIE DI PALM BEACH (
410 SAVOIE DI PALM BEACH (R	ng its registered office or regis	tered agent, or both, in the State of Florida	
410 SAVOIE DI PALM BEACH (R GARDENS, FL 33410 US d entity submits this statement for the purpose of changir	ng its registered office or regis	tered agent, or both, in the State of Florida	
410 SAVOIE DI PALM BEACH (The above named	R GARDENS, FL 33410 US d entity submits this statement for the purpose of changir	ng its registered office or regis	tered agent, or both, in the State of Florida	
410 SAVOIE DI PALM BEACH (The above named SIGNATURE	R GARDENS, FL 33410 US d entity submits this statement for the purpose of changir	ng its registered office or regis	tered agent, or both, in the State of Florida	Date
410 SAVOIE DI PALM BEACH (The above named SIGNATURE	GARDENS, FL 33410 US d entity submits this statement for the purpose of changin E: Electronic Signature of Registered Agent	ng its registered office or regis	tered agent, or both, in the State of Florida	
410 SAVOIE DI PALM BEACH (<i>The above named</i> SIGNATURE Authorized	R GARDENS, FL 33410 US d entity submits this statement for the purpose of changin E: Electronic Signature of Registered Agent Person(s) Detail :			
410 SAVOIE DI PALM BEACH (<i>The above named</i> SIGNATURE Authorized Title	GARDENS, FL 33410 US d entity submits this statement for the purpose of changin E: Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	

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: MURALIDHRAN SWAMINATHAN

MEMBER

07/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000027987

Entity Name: SANKARA INVESTMENTS LLC

Current Principal Place of Business:

410 SAVOIE DR

FILED Jul 31, 2023 **Secretary of State** 4740101721CC

Date