

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000245854

**Entity Name:** RELIABLE FULFILLMENT LLC

**Current Principal Place of Business:**

591 LIVE OAK LN.  
WESTON, FL 33327

**Current Mailing Address:**

591 LIVE OAK LN.  
WESTON, FL 33327 US

**FEI Number:** 87-0905951

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD.  
36  
ORLANDO, FL 32822 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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	SHEKHAR, RAVI	Name	KUMAR , SHVETA
Address	42 ALMOND TREE LANE	Address	591 LIVE OAK LN.
City-State-Zip:	IRVINE CA 92612	City-State-Zip:	WESTON FL 33327

*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:** SHVETA KUMAR

**MANAGER**

**03/14/2022**

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

\_\_\_\_\_  
Date