

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000021589

**Entity Name:** FLORIDA ORCHARD GROVES LLC

**Current Principal Place of Business:**

10437 MEADOW SPRING DR  
TAMPA, FL 33647

**Current Mailing Address:**

10437 MEADOW SPRING DR  
TAMPA, FL 33647 US

**FEI Number:** 87-4574002

**Certificate of Status Desired:** No

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

DESHPANDE, VIREN  
10437 MEADOW SPRING DR  
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:** VIREN DESHPANDE

02/20/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name PATIL, ABHIJIT Y  
Address 1402 LAKE WHITNEY DR  
City-State-Zip: WINDERMERE FL 34786

Title AMBR  
Name MHASKAR, RAHUL  
Address 20753 GREAT LAUREL AVE  
City-State-Zip: TAMPA FL 33647

Title AMBR  
Name DESPANDE, VIREN  
Address 10437 MEADOW SPRING DR  
City-State-Zip: TAMPA FL 33647

Title AMBR  
Name VELLORE SUBRAMANIAM,  
SENTHIKUMAR  
Address 9633 ORANGE JASMINE WAY  
City-State-Zip: TAMPA FL 33647

Title AMBR  
Name BODAS, AJIT  
Address 44892 LAFAYETTE DR  
City-State-Zip: NOVI MI 48337

Title AMBR  
Name GADRE, ASHISH  
Address 1117 OLYMPIA DR  
City-State-Zip: ROCHESTER HILLS MI 48306

*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:** RAHUL S MHASKAR

MEMBER/MANAGER

02/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date