

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000305196

**Entity Name:** 3115 FORTUNE WAY LLC

**Current Principal Place of Business:**

3031 FORTUNE WAY  
A9  
WELLINGTON, FL 33414

**Current Mailing Address:**

3031 FORTUNE WAY  
A9  
WELLINGTON, FL 33414 US

**FEI Number:** 88-3465616

**Certificate of Status Desired:** No

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

RAMANI, PRASHANT  
3031 FORTUNE WAY  
A9  
WELLINGTON, FL 33414 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            AMBR  
Name            RAMANI, PRASHANT  
Address        3031 FORTUNE WAY A9  
City-State-Zip: WELLINGTON FL 33414

Title            AMBR  
Name            RAMANI, AMIT  
Address        3031 FORTUNE WAY A9  
City-State-Zip: WELLINGTON FL 33414

Title            AUTHORIZED MEMBER  
Name            THE RAMANI FAMILY REVOCABLE  
                    LIVING TRUST  
Address        3031 FORTUNE WAY  
                    A9  
City-State-Zip: WELLINGTON FL 33414

*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:** PRASHANT RAMANI

AMBR

03/04/2024

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

\_\_\_\_\_  
Date