

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000005244

**Entity Name:** INCAPSULATE, LLC

**Current Principal Place of Business:**

1620 L ST NW,  
SUITE 300D  
WASHINGTON, DC 20036

**Current Mailing Address:**

1620 L ST NW,  
SUITE 300D  
WASHINGTON, DC 20036 US

**FEI Number:** 83-0508801

**Certificate of Status Desired:** No

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

BUSINESS FILINGS INCORPORATED  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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 MBR  
Name BHARADWAJ, SONALI  
Address 1620 L ST NW,  
SUITE 300D  
City-State-Zip: WASHINGTON DC 20036

Title MBR  
Name KALLURI, GOPAL  
Address 1620 L ST NW,  
SUITE 300D  
City-State-Zip: WASHINGTON DC 20036

Title MBR  
Name BATISH, AJAY  
Address 1620 L ST NW  
SUITE 300D  
City-State-Zip: WASHINGTON DC 20036

*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:** SONALI BHARADWAJ

**PARTNER, COO**

**04/16/2019**

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

\_\_\_\_\_  
Date