

L19 000 211 506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

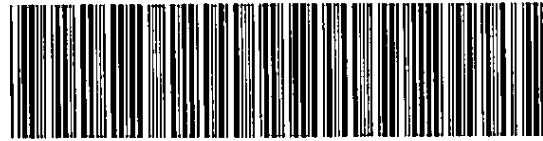
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
DEPT. OF STATE  
2011-08-03 AM 11:45

Name Change

AUG 15 2020

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAWARTHIA WHOLESALE DISTRIBUTION GROUP LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**NISHANT SAWARTHIA**

Name of Person

Firm/Company

**8725 NW 18TH TERRACE, STE 208**

Address

**DORAL, FL 33172**

City/State and Zip Code

**satish@krishnawireless.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**KRISHAN K GARG**

Name of Person

at ( **954** ) **636-6424**

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

FILED  
CLERK OF STATE  
CORPORATIONS  
2009-09 APR 15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 JUN -3 PM 3:23

June 26, 2020

NISHANT SAWARTHIA  
8725 NW 18TH TERRACE, STE 208  
DORAL, FL 33172

SUBJECT: SAWARTHIA WHOLESALE DISTRIBUTION GROUP LLC  
Ref. Number: L19000211506

We have received your document for SAWARTHIA WHOLESALE DISTRIBUTION GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Limited Liability Company, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 020A00012673

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

20 AUG -3 MAIL: 15  
and assigned

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JULY 27 2020

Signature of a member or authorized representative of a member

NISHANT SAWARTHA

Typed or printed name of signee