

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000068198

Entity Name: SHIVA LINGAM 1, INC.**Current Principal Place of Business:**2101 W PENSACOLA ST
B
TALLAHASSEE, FL 32304**Current Mailing Address:**2101 W PENSACOLA ST
B
TALLAHASSEE, FL 32304 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATEL, MANISH
3511 N MONROE ST
TALLAHASSEE, FL 32303 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**Officer/Director Detail :**

Title	P
Name	PATEL, AMI
Address	853 EAGLE VIEW DR
City-State-Zip:	TALLAHASSEE FL 32311
Title	S
Name	PATEL, SHEETAL
Address	141 SHAMROCK HILL DRIVE
City-State-Zip:	WAPPINGERS FALLS NY 12590
Title	S
Name	PATEL, MOUNIKA
Address	10 CREST LANE
City-State-Zip:	NEW MILFORD CT 06776

Title	S
Name	PATEL, PARUL
Address	9 GABRIELLA TERRACE
City-State-Zip:	GOSHEN NY 10924
Title	S
Name	PATEL, VILAS
Address	2667 TOWAMENCIN AVENUE
City-State-Zip:	HATFIELD PA 19440
Title	S
Name	PATEL, BHARAT
Address	920 HARTFORD DR
City-State-Zip:	HATFIELD PA 19440

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMIPATEL

P

03/30/2021

Electronic Signature of Signing Officer/Director Detail_____
Date