

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000107533

**FILED**  
**Apr 12, 2019**  
**Secretary of State**  
**0928817246CC**

**Entity Name:** GENESIS SEVEN INVESTMENTS LLC

**Current Principal Place of Business:**

6510 SEDGEWYCK CIRCLE WEST  
DAVIE, FL 33331

**Current Mailing Address:**

6510 SEDGEWYCK CIRCLE WEST  
DAVIE, FL 33331

**FEI Number:** 94-3455879

**Certificate of Status Desired:** No

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

KLEIN, TED  
8030 PETERS ROAD, SUITE D-104  
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 MGR  
Name UPADHIAYA, AMIT D.O.  
Address 2648 N.W. 28 TERRACE  
City-State-Zip: BOCA RATON FL 33434

Title MGR  
Name SHARMA, ANITA  
Address 6510 SEDGEWYCK CIRCLE WEST  
City-State-Zip: DAVIE FL 33331

Title MANAGING MEMBER  
Name SHARMA, VIKRAM U  
Address 6510 SEDGEWYCK CIRCLE WEST  
City-State-Zip: DAVIE FL 33331

*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:** ANITA SHARMA

**MANAGER**

**04/12/2019**

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

\_\_\_\_\_  
Date