

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000070518

**Entity Name:** KALASHISH LLC

**Current Principal Place of Business:**

901 S FLORIDA AVE  
DELAND, FL 32720

**Current Mailing Address:**

1161 FOREST HILL ROAD  
MACON, GA 31210 US

**FEI Number:** 46-2767591

**Certificate of Status Desired:** No

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

RENU VARDHAN CPA PL  
360 CROWN OAK CENTRE DR  
LONGWOOD, FL 32750 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 MGRM  
Name PATEL, AMITA  
Address 1161 FOREST HILL ROAD  
City-State-Zip: MACON GA 31210

*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:** AMITA PATEL

MGRM

03/05/2018

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

\_\_\_\_\_  
Date