

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000191651

**Entity Name:** 2543 FORMAX DR PARTNERS LLC

**Current Principal Place of Business:**

2419 NORTHAMPTON AVE  
ORLANDO, FL 32828

**Current Mailing Address:**

2419 NORTHAMPTON AVE  
ORLANDO, FL 32828 US

**FEI Number:** 47-5620866

**Certificate of Status Desired:** No

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

SHAH, HETAL  
2419 NORTHAMPTON AVE  
ORLANDO, FL 32828 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:** HETAL SHAH

02/04/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	SHAH, HETAL	Name	KUWAR, DINESH
Address	2419 NORTHAMPTON AVE	Address	1047 VERNON LOOP
City-State-Zip:	ORLANDO FL 32828	City-State-Zip:	OVIEDO FL 32765

*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:** HETAL SHAH

**PRESIDENT**

02/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date