

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000013922

**Entity Name:** SANCHASRI LLC

**Current Principal Place of Business:**

1823 HEALTH CARE DRIVE  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

1823 HEALTH CARE DRIVE  
NEW PORT RICHEY, FL 34655 US

**FEI Number:** 81-1223221

**Certificate of Status Desired:** No

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

CHAMARTHY, MANIK R  
1823 HEALTH CARE DRIVE  
NEW PORT RICHEY, FL 34655 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:** MANIK CHAMARTHY

03/10/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CHAMARTHY, MANIK  
Address 1823 HEALTH CARE DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34655

Title MGR  
Name SANKA, SRINIVAS  
Address 1823 HEALTH CARE DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34655

*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:** MANIK CHAMARTHY

MGR

03/10/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date