## 2024 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 03/31/2024

Electronic Signature of Registered Agent

Date

FILED Mar 31, 2024

**Secretary of State** 

8251014125CC

Authorized Person(s) Detail:

Title MGR Title MGR

Name CHAMARTHY, MANIK Name SANKA, SRINIVAS

Address 1823 HEALTH CARE DRIVE Address 1823 HEALTH CARE DRIVE

City-State-Zip: NEW PORT RICHEY FL 34655

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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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail