

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000136806

Entity Name: AASHRAY LLC**Current Principal Place of Business:**2820 E NEWHAVEN STREET
INVERNESS, FL 34453**Current Mailing Address:**2820 E NEWHAVEN STREET
INVERNESS, FL 34453 US**FEI Number:** 81-3336248**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATEL, RIMPLE N
2820 E NEWHAVEN STREET
INVERNESS, FL 34453 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, RIMPLE N
Address	2820 E NEWHAVEN STREET
City-State-Zip:	INVERNESS FL 34453

Title	MGR
Name	GOSAI, DUSHYANT J
Address	831 WEST PERSON STREET
City-State-Zip:	HERNANDO FL 34442

Title	MGR
Name	PATEL, MINAL S
Address	13425 NAYLORS BLUE DRIVE
City-State-Zip:	CHESTER VA 23836

Title	MGR
Name	SHAH, JATIN C
Address	13216 SILVER DUST LANE
City-State-Zip:	CHESTER VA 23836

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: RIMPLE N PATEL

MGRM

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date