

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000164589

Entity Name: LAXMI INDIAN GROCERIES LLC**Current Principal Place of Business:**1137 DOSS AVE
ORLANDO, FL 32809**Current Mailing Address:**8241 BAYTREE LN
JACKSONVILLE, FL 32256 US**FEI Number:** 81-3768208**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUTARIA, NILESH
8241 BAYTREE LN
JACKSONVILLE, FL 32256 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	MGR
Name	SUTARIA, NILESH
Address	8241 BAYTREE LN
City-State-Zip:	JACKSONVILLE FL 32256

Title	MGR
Name	KOTECHA, HITESH
Address	2624 CLEMENTON PARK CT
City-State-Zip:	ORLANDO FL 32835

Title	MGR
Name	PATEL, YOGESH
Address	12543 HIGHVIEW DRIVE
City-State-Zip:	JACKSONVILLE FL 32225

Title	MGR
Name	CHOKSI, TUSHAR
Address	16152 COLCHESTER PALMS DR.
City-State-Zip:	TAMPA FL 33647

Title	MR
Name	SHAH, HITESH C
Address	10075 AMHERST HILL CT
City-State-Zip:	JACKSONVILLE FL 32256

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: NILESH SUTARIA**PRESIDENT****04/01/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date