

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000141380

**Entity Name:** ADHYA SHAKTI LLC

**Current Principal Place of Business:**

7384 OX BOW CIRCLE  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

7384 OX BOW CIRCLE  
TALLAHASSEE, FL 32312 US

**FEI Number:** 82-2327159

**Certificate of Status Desired:** No

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

PATEL, DIXIT  
7384 OX BOW CIRCLE  
TALLAHASSEE, FL 32312 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 AMBR  
Name PATEL, DIXIT  
Address 7384 OX BOW CIRCLE  
City-State-Zip: TALLAHASSEE FL 32312

Title AMBR  
Name PATEL, AMISHA  
Address 7384 OX BOW CIRCLE  
City-State-Zip: TALLAHASSEE FL 32312

Title AMBR  
Name PATEL, PARTH  
Address 7384 OX BOW CIRCLE  
City-State-Zip: TALLAHASSEE FL 32312

Title AMBR  
Name PATEL, NISHANT  
Address 7384 OX BOW CIRCLE  
City-State-Zip: TALLAHASSEE FL 32312

*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:** PARTH PATEL

AMBR

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date