that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANIL RASTOGI

Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L17000189839

Entity Name: SHIVALI ENTERPRISES LLC

Current Principal Place of Business:

8912 W FLAGLER ST **UNIT 101** MIAMI, FL 33174

Current Mailing Address:

11098 BISCAYNE BLVD SUITE 401-24 MIAMI, FL 33161 US

FEI Number: 82-3464804

Name and Address of Current Registered Agent:

ULLOQUE, RICARDO 11098 BISCAYNE BLVD SUITE 401-24 MIAMI, FL 33161 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	RICARDO ULLOQUE			02/18/2021
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER	
Name	ANIL, RASTOGI	Name	RASTOGI, NITA A	
Address	11098 BISCAYNE BLVD SUITE 401-24	Address	11098 BISCAYNE BLVD SUITE 401-24	
City-State-Zip:	MIAMI FL 33161	City-State-Zip:	MIAMI FL 33161	

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

MEMBER

Certificate of Status Desired: No

Date

02/18/2021

FILED Feb 18, 2021 Secretary of State 6319042679CC