

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000254874

Entity Name: CRYSTAL RIVER PARTNERS, LLC**Current Principal Place of Business:**11007 KENTMERE COURT
WINDERMERE, FL 34786**Current Mailing Address:**11007 KENTMERE COURT
WINDERMERE, FL 34786 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STONE, STEPHEN M
725 N. MAGNOLIA AVENUE
ORLANDO, FL 32803 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	NANDU, ARVIND
Address	11007 KENTMERE COURT
City-State-Zip:	WINDERMERE FL 34786

Title	AMBR
Name	DESHPANDE, ANIL
Address	8839 SOUTHERN BREEZE DRIVE
City-State-Zip:	ORLANDO FL 32836

Title	AMBR
Name	OHRI, SUNNANDAN
Address	9220 HIDDEN BAY LANE
City-State-Zip:	ORLANDO FL 32819

Title	AMBR
Name	PADMANABH, MUNIVENKATAPPA
Address	3520 LAKESHORE DRIVE
City-State-Zip:	MOUNT DORA FL 32757

Title	AMBR
Name	PADMANABH, GIRIJA
Address	3520 LAKESHORE DRIVE
City-State-Zip:	MOUNT DORA FL 32757

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: ARVIND NANDU

AMBR

01/02/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date