

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000197686

**Entity Name:** FLEXITAS LLC

**Current Principal Place of Business:**

505 HALLOWELL CIR  
ORLANDO, FL 32828

**Current Mailing Address:**

505 HALLOWELL CIR  
ORLANDO, FL 32828 US

**FEI Number:** 83-2462329

**Certificate of Status Desired:** No

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

CHOBE, ADHIR  
505 HALLOWELL CIR  
ORLANDO, FL 32828 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 CHOBE, ADHIR  
Address 505 HALLOWELL CIR  
City-State-Zip: ORLANDO FL 32828

Title MGR  
Name CHOBE, ASHLEIGH J  
Address 505 HALLOWELL CIR  
City-State-Zip: ORLANDO FL 32828

Title MGR  
Name CHOBE, DIVYA  
Address 505 HALLOWELL CIR  
City-State-Zip: ORLANDO FL 32828

*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:** ADHIR CHOBE

**AGENT**

**01/08/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date