

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000271186

**Entity Name:** FIFTYONE LLC

**Current Principal Place of Business:**

16320 ARMSTRONG PL  
TAMPA, FL 33647

**Current Mailing Address:**

16320 ARMSTRONG PL  
TAMPA, FL 33647

**FEI Number: 35-2647078**

**Certificate of Status Desired: No**

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

DESAI, JAGDISHCHANDRA  
16320 ARMSTRONG PL  
TAMPA, FL 33647 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 PATEL, VIRENDRA  
Address 17201 KEELY DRIVE  
City-State-Zip: TAMPA FL 33647

Title MGR  
Name GANDHI, RAJESH  
Address 19357 YELLOW CLOVER DRIVE  
City-State-Zip: TAMPA FL 33647

Title MGR  
Name PATEL, MANOJKUMAR  
Address 5003 ASHINGTON LANDING DRIVE  
City-State-Zip: TAMPA FL 33647

Title MGR  
Name GHIYA, VIKAS  
Address 17906 ST. CROIX ISLE DRIVE  
City-State-Zip: TAMPA FL 33647

Title MGR  
Name DESAI, JAGDISHCHANDRA  
Address 16320 ARMSTRONG PL  
City-State-Zip: TAMPA FL 33647

*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: JAGDISHCHANDRA DESAI**

**MGR**

**03/21/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date