

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000280053

**Entity Name:** EXALT LLC

**Current Principal Place of Business:**

5790 FULHAM PL;  
SANFORD, FL 32771

**Current Mailing Address:**

5790 FULHAM PL;  
SANFORD, FL 32771 US

**FEI Number:** 83-2752609

**Certificate of Status Desired:** No

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

PATEL, SAMIP  
5790 FULHAM PL;  
SANFORD, FL 32771 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 SHARMA, BHARATKUMAR  
Address 428 BLUE BIRCH CT  
City-State-Zip: SANFORD FL 32771

Title AMBR  
Name KUMAR, ASHOK  
Address 3821 LAKE EMMA ROAD  
City-State-Zip: LAKE MARY FL 32746

Title AMBR  
Name PATEL, SAMIP  
Address 5790 FULHAM PL;  
City-State-Zip: SANFORD FL 32771

Title AMBR  
Name ODHAVJIBHAI PATEL, VISHAL  
Address 341 DECLAIRE WAY  
City-State-Zip: MARIETTA GA 30067

*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:** SAMIP PATEL

**MEMBER**

**04/13/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date