

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000038141

Entity Name: CHOXI SAVINGS, LLC.**Current Principal Place of Business:**4929 SW 74TH CT
1ST FL
MIAMI, FL 33155**Current Mailing Address:**4929 SW 74TH CT
1ST FL
MIAMI, FL 33155 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE LAW OFFICES OF MAX A ADAMS ESQ PLLC
4929 SW 74TH CT
MIAMI, FL 33155 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	Title	MGR
Name	CHOXI, ANKEET	Name	CHOXI, AMRISH M
Address	4929 SW 74TH CT 1ST FL	Address	4929 SW 74TH CT 1ST FL
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155
Title	MGR		
Name	CHOKSHI, DIPTI A		
Address	4929 SW 74TH CT 1ST FL		
City-State-Zip:	MIAMI FL 33155		

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: CHOXI , ANKEET

MGR

02/15/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date