

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000173878

**Entity Name:** CIRCLE R ONLINE SUPPLY LLC

**Current Principal Place of Business:**

2273 SW HAYCRAFT CIRCLE  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

2273 SW HAYCRAFT CIRCLE  
PORT SAINT LUCIE, FL 34953 US

**FEI Number:** 85-1654683

**Certificate of Status Desired:** Yes

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

ESCALANTE, SHRIKHA ROHINI  
3585 S 56TH TERRACE  
GREENACRES, FL 33463 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:** SHRIKHA R GOSINE-ESCALANTE

02/28/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title COO  
Name MADYSSEN , ESCALANTE JAYA  
Address 2273 SW HAYCRAFT CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title CEO  
Name ESCALANTE, MAIYA CRISTINA  
Address 2273 SW HAYCRAFT CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title OWNER  
Name ESCALANTE, SHRIKHA ROHINI  
Address 2273 SW HAYCRAFT CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title AUTHORIZED REPRESENTATIVE  
Name RUIZ, NATHALIA  
Address 2273 SW HAYCRAFT CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34953

*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:** SHRIKHA R GOSINE-ESCALANTE

OWNER

02/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date