

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000332005

**Entity Name:** ANAGAV BAZAAR, LLC

**Current Principal Place of Business:**

4219 KENNETH AVE  
APT 4  
INDIANAPOLIS , IN 46226

**Current Mailing Address:**

4219 KENNETH AVE  
APT 4  
INDIANAPOLIS , IN 46226 US

**FEI Number:** 85-3549944

**Certificate of Status Desired:** Yes

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

VERTUS, MANOUCHEKA L  
18130 NW 5TH AVENUE  
MIAMI, FL 33169 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:** MANOUCHEKA L VERTUS

04/02/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            VERTUS, MANOUCHEKA L  
Address        4219 KENNETH AVE  
                  APT 4  
City-State-Zip: INDIANAPOLIS IN 46226

Title            SECRETARY  
Name            DORISSAINT , CLAUDETTE  
Address        4219 KENNETH AVE  
                  APT 4  
City-State-Zip: INDIANAPOLIS IN 46226

Title            DIRECTOR  
Name            WILSENE , FERMILUS  
Address        4219 KENNETH AVE  
                  APT 4  
City-State-Zip: INDIANAPOLIS IN 46226

Title            VP  
Name            DORCELY, JEAN DADY  
Address        4219 KENNETH AVE  
                  APT 4  
City-State-Zip: INDIANAPOLIS IN 46226

Title            AUTHORIZED MEMBER  
Name            LUNDI, MONDAY W  
Address        4219 KENNETH AVE  
                  APT 4  
City-State-Zip: INDIANAPOLIS IN 46226

Title            AUTHORIZED MEMBER  
Name            JOURDAIN, YVON  
Address        4219 KENNETH AVE  
                  APT 4  
City-State-Zip: INDIANAPOLIS IN 46226

*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:** VERTUS L MANOUCHEKA , DORISSAINT  
                  CLAUDETTE, DORCELY JEAN DADY

**PRESIDENT,  
SECRETARY, VP**

04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date