

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000348791

**Entity Name:** ADHYA SHAKTI AMBE LLC

**Current Principal Place of Business:**

2061 GORRIE AVE  
SNEADS, FL 32460

**Current Mailing Address:**

2061 GORRIE AVE  
SNEADS, FL 32460

**FEI Number: 85-3736231**

**Certificate of Status Desired: No**

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

PATEL, SHAMBHU  
2061 GORRIE AVE  
SNEADS, FL 32460 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, SHAMBHU
Address	2061 GORRIE AVE
City-State-Zip:	SNEADS FL 32460

*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: SHAMBHU PATEL**

**MANAGER**

**03/03/2023**

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

\_\_\_\_\_  
Date