

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000039294

Entity Name: PRAMTA LLC**Current Principal Place of Business:**1002 ARISTA BLVD
VALRICO, FL 33594**Current Mailing Address:**PO BOX 2442
VALRICO, FL 33595 UN**FEI Number:** 86-1923584**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATEL, TAPAN
1002 ARISTA BLVD
VALRICO, FL 33594 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, TAPAN |
| Address | 1002 ARISTA BLVD |
| City-State-Zip: | VALRICO FL 33594 |

| | |
|-----------------|------------------|
| Title | AR |
| Name | PATEL, ANYA |
| Address | 1002 ARISTA BLVD |
| City-State-Zip: | VALRICO FL 33594 |

| | |
|-----------------|--------------------|
| Title | AR |
| Name | PATEL, PRAVINKUMAR |
| Address | 1002 ARISTA BLVD |
| City-State-Zip: | VALRICO FL 33594 |

| | |
|-----------------|-------------------------|
| Title | AR |
| Name | PATEL, AMI |
| Address | 2117 COLINAS VERDAS RD. |
| City-State-Zip: | LEANDER TX 78641 |

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: TAPAN PATEL**MANAGER****01/23/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date