

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000075055

**Entity Name:** REVTECH CAPITAL INVESTMENT PARTNERS, LLC

**Current Principal Place of Business:**

8219 CHESTER LAKE RD N  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8219 CHESTER LAKE RD N  
JACKSONVILLE, FL 32256 US

**FEI Number:** 86-2280333

**Certificate of Status Desired:** No

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

GUPTA, AMIT KUMAR DR.  
8219 CHESTER LAKE ROAD N  
JACKSONVILLE, FL 32256 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:** AMIT KUMAR GUPTA

04/02/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CHAIRMAN  
Name GUPTA, AMIT K  
Address 8219 CHESTER LAKE RD N  
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR  
Name BHATIA, NIRMANMOH  
Address 8219 CHESTER LAKE RD N  
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR  
Name AGARWAL, NAYAN  
Address 8219 CHESTER LAKE RD N  
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR  
Name TELI, KUNAL J  
Address 8219 CHESTER LAKE RD N  
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR  
Name KUMAR, VINEET  
Address 8219 CHESTER LAKE RD N  
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR  
Name GHOTRA, AMANINDERPAL  
Address 8219 CHESTER LAKE RD N  
City-State-Zip: JACKSONVILLE FL 32256

Title MEMBER  
Name GOTHWAL, ANIL KUMAR DR  
Address 8219 CHESTER LAKE ROAD N  
City-State-Zip: JACKSONVILLE FL 32256

Title AUTHORIZED MEMBER  
Name CHATTERJE, ARKA  
Address 8219 CHESTER LAKE ROAD N  
City-State-Zip: JACKSONVILLE FL 32256

*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:** AMIT KUMAR GUPTA

DR.

04/02/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date