

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000360447

**Entity Name:** RIVAS 1416, LLC

**Current Principal Place of Business:**

9860 S THOMAS DR  
UNIT 1416  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

940 PRESSING DR  
ALPHARETTA, GA 30004

**FEI Number:** 87-2130791

**Certificate of Status Desired:** No

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

SADU, VINOD  
9860 S THOMAS DR  
UNIT 1416  
PANAMA CITY, FL 32408 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 SADU, VINAYKUMAR R  
Address 36345 GRAND RIVER AVE APT 104  
City-State-Zip: FARMINGTON MI 48335

Title MGR  
Name SADU, VINOD R  
Address 940 PRESSING DR  
City-State-Zip: ALPHARETTA GA 30004

*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:** VINOD SADU

**MEMBER**

**02/09/2023**

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

\_\_\_\_\_  
Date