

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000505212

Entity Name: LAKSHMARA LLC**Current Principal Place of Business:**5600 COLLINS AVE APT. 5R
MIAMI BEACH, FL 33140**Current Mailing Address:**5600 COLLINS AVE APT. 5R
MIAMI BEACH, FL 33140 US**FEI Number:** 38-4203103**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOSE A. VILLAR CPA, P.A.
3850 SW 87 AVE SUITE 301
MIAMI, FL 33165 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 SABAG ZARRUK, MARIA P
Address 5600 COLLINS AVE APT. 5R
City-State-Zip: MIAMI BEACH FL 33140

Title MGR
Name BUJALIL SABAG, MICHELLE N
Address 5600 COLLINS AVE APT. 5R
City-State-Zip: MIAMI BEACH FL 33140

Title MGR
Name BUJALIL SABAG, GIBRAN A
Address 5600 COLLINS AVE APT. 5R
City-State-Zip: MIAMI BEACH FL 33140

Title MGR
Name BUJALIL SABAG, BRUNO R
Address 5600 COLLINS AVE APT. 5R
City-State-Zip: MIAMI BEACH FL 33140

Title MBR
Name DIGOV LIMITADA
Address 5600 COLLINS AVE APT. 5R
City-State-Zip: MIAMI BEACH FL 33140

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: SABAG ZARRUK , MARIA P

MNG

04/03/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date