

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000021420

**Entity Name:** MANEESHA CHIGURUPATI DDS, PLLC

**Current Principal Place of Business:**

117 KERNEYWOOD STREET  
LAKELAND, FL 33803

**Current Mailing Address:**

819 JOHN CRESSLER DR  
SEFFNER, FL 33584

**FEI Number:** 87-4271125

**Certificate of Status Desired:** No

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

CHIGURUPATI, MANEESHA  
819 JOHN CRESSLER DR  
SEFFNER, FL 33584 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            AMBR  
Name            CHIGURUPATI, MANEESHA  
Address        819 JOHN CRESSLER DR.  
City-State-Zip: SEFFNER FL 33584

*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:** MANEESHA R. CHIGURUPATI

**OWNER**

**03/13/2023**

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

\_\_\_\_\_  
Date