2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000273369

Entity Name: RAIZADA, LLC

Current Principal Place of Business: 11111 BISCAYNE BLVD., PHASE 1, APT. #1407

MIAMI. FL 33181

Current Mailing Address:

11111 BISCAYNE BLVD., PHASE 1, APT. #1407 MIAMI, FL 33181 US

FEI Number: 92-2280289 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAIZADA, DEEPAK DON 11111 BISCAYNE BLVD., PHASE 1, APT. #1407 MIAMI, FL 33181 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: DEEPAK RAIZADA 01/24/2024

> Date Electronic Signature of Registered Agent

> > City-State-Zip:

MIAMI FL 33181

Authorized Person(s) Detail :

Title **AMBR** Title **MGRR**

DEEPAK RAIZADA Name Name DEEPAK RAIZADA

11111 BISCAYNE BLVD., PHASE 1, Address Address 11111 BISCAYNE BLVD., PHASE 1,

APT. #1407 APT. #1407

City-State-Zip: MIAMI FL 33181 City-State-Zip: MIAMI FL 33181

Title **AMBR** Title **AMBR**

Name SANGEETA RAIZADA Name SHIV RAIZADA

11111 BISCAYNE BLVD., PHASE 1, 11111 BISCAYNE BLVD., PHASE 1, Address Address

APT. #1407 APT. #1407

Title **AMBR**

City-State-Zip:

Name NATASHA RAIZADA

11111 BISCAYNE BLVD., PHASE 1, Address

MIAMI FL 33181

APT. #1407

City-State-Zip: MIAMI FL 33181

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.

01/24/2024 SIGNATURE: DEEPAK RAIZADA **AUTHORIZED MEMBER**

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Jan 24, 2024

Secretary of State

9008805070CC