

2023 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:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANGEETA RAIZADA
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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR
Name	DEEPAK RAIZADA
Address	11111 BISCAYNE BLVD., PHASE 1, APT. #1407
City-State-Zip:	MIAMI FL 33181

Title	MGR
Name	DEEPAK RAIZADA
Address	11111 BISCAYNE BLVD., PHASE 1, APT. #1407
City-State-Zip:	MIAMI FL 33181

Title	AMBR
Name	SANGEETA RAIZADA
Address	11111 BISCAYNE BLVD., PHASE 1, APT. #1407
City-State-Zip:	MIAMI FL 33181

Title	AMBR
Name	SHIV RAIZADA
Address	11111 BISCAYNE BLVD., PHASE 1, APT. #1407
City-State-Zip:	MIAMI FL 33181

Title	AMBR
Name	NATASHA RAIZADA
Address	11111 BISCAYNE BLVD., PHASE 1, 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.

SIGNATURE: DEEPAK&SANGEETA RAIZADA

AMBR

01/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date