

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000532175

**Entity Name:** DHARAM CONSULTING LLC

**Current Principal Place of Business:**

15 WAMPUS LAKE DR  
ARMONK, NY 10504

**Current Mailing Address:**

15 WAMPUS LAKE DR  
ARMONK, NY 10504 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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:** CHEYENNE MOSELEY, ASST. SECRETARY

04/04/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name LALLY, HARPINDER  
Address 15 WAMPUS LAKE DR  
City-State-Zip: ARMONK NY 10504

Title AMBR  
Name SMITH, ANDREW  
Address 15 WAMPUS LAKE DR  
City-State-Zip: ARMONK NY 10504

Title AMBR  
Name HOUGH, SIMON  
Address 15 WAMPUS LAKE DR  
City-State-Zip: ARMONK NY 10504

Title AMBR  
Name PEARSON, DAVID  
Address 15 WAMPUS LAKE DR  
City-State-Zip: ARMONK NY 10504

Title AMBR  
Name JONES, OWAIN  
Address 15 WAMPUS LAKE DR  
City-State-Zip: ARMONK NY 10504

*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:** HARPINDER LALLY

AMBR

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date