## **2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000001531

Entity Name: FEMG HOLDINGS, LLC

Current Principal Place of Business:

20525 AMBERFIELD DRIVE,

SUITE 104

LAND O' LAKES, FL 34638

**Current Mailing Address:** 

20525 AMBERFIELD DRIVE,

**SUITE 104** 

LAND O' LAKES, FL 34638 US

FEI Number: 32-0573244 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED May 10, 2023

**Secretary of State** 

8336459518CC

Authorized Person(s) Detail:

Title P, MANAGER Title VP, MANAGER
Name MATHUR, SAMEER Name FORDE, COLIN

Address 20525 AMBERFIELD DRIVE, Address 20525 AMBERFIELD DRIVE,

SUITE 104 SUITE 104

City-State-Zip: LAND O' LAKES FL 34638 City-State-Zip: LAND O' LAKES FL 34638

Title S Title T

Name CHOKSI, TARAK Name NAVADIA, SANJAY

Address 20525 AMBERFIELD DRIVE, Address 20525 AMBERFIELD DRIVE,

SUITE 104 SUITE 104

City-State-Zip: LAND O' LAKES FL 34638 City-State-Zip: LAND O' LAKES FL 34638

Title CEO, MANAGER Title MANAGER

Name SHIRHATTIKAR, GAUTAM Name TOLAN, MARY

Address 20525 AMBERFIELD DRIVE, Address 20525 AMBERFIELD DRIVE,

SUITE 104 SUITE 104

City-State-Zip: LAND O' LAKES FL 34638 City-State-Zip: LAND O' LAKES FL 34638

Title MANAGER Title MANAGER

Name RIJOS, JOHN Name LEVINE, STUART

Address 20525 AMBERFIELD DRIVE, Address 20525 AMBERFIELD DRIVE,

SUITE 104 SUITE 104

City-State-Zip: LAND O' LAKES FL 34638 City-State-Zip: LAND O' LAKES FL 34638

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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: GAUTAM SHIRHATTIKAR

**MANAGER** 

05/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

## **Authorized Person(s) Detail Continued:**

Title MANAGER

Name PATEL, PRITESH

Address 20525 AMBERFIELD DRIVE,

SUITE 104

City-State-Zip: LAND O' LAKES FL 34638

Title MANAGER

Name TOLEDANO, VICTOR

Address 20525 AMBERFIELD DRIVE,

SUITE 104

City-State-Zip: LAND O' LAKES FL 34638

Title MANAGER

Name PATEL, CHIRAG

Address 20525 AMBERFIELD DRIVE,

SUITE 104

City-State-Zip: LAND O' LAKES FL 34638