

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000003816

**Entity Name:** 54 NASSAU AVE LLC

**Current Principal Place of Business:**

15310 AMBERLY DRIVE  
SUITE 250  
TAMPA, FL 33647

**Current Mailing Address:**

PO BOX 47447  
TAMPA, FL 33646 US

**FEI Number:** 83-1502983

**Certificate of Status Desired:** No

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

SHARMA, POONAM  
15310 AMBERLY DRIVE  
SUITE 250  
TAMPA, FL 33647 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            MBR  
Name            SHARMA, POONAM  
Address        9495 BLIND PASS RD APT 803  
City-State-Zip: ST PETE BEACH FL 33706

Title            MEMBER  
Name            RAGHAV, PRAMOD  
Address        9495 BLIND PASS RD  
                    UNIT 803  
City-State-Zip: ST PETE BEACH FL 33706

*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:** PRAMOD RAGHAV

**OWNER**

**04/14/2025**

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

\_\_\_\_\_  
Date