

**2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000001939

**Entity Name:** THE LEELA AND MURALI D. ATLURU FAMILY FOUNDATION, INC.

**FILED**  
**Jan 16, 2025**  
**Secretary of State**  
**1999882386CC**

**Current Principal Place of Business:**

1800 BEN FRANKLIN DR, B207  
SARASOTA, FL 34236

**Current Mailing Address:**

1800 BEN FRANKLIN DR, B207  
SARASOTA, FL 34236 US

**FEI Number: 20-4010710**

**Certificate of Status Desired: No**

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

ATLURU, LEELA  
1800 BEN FRANKLIN DR, B207  
SARASOTA, FL 34236 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

**Officer/Director Detail :**

Title VCST  
Name ATLURU, LEELA  
Address 1800 BEN FRANKLIN DR, B207  
City-State-Zip: SARASOTA FL 34236

Title DVP  
Name ATLURU, RAJESH  
Address 1800 BEN FRANKLIN DR, B207  
City-State-Zip: SARASOTA FL 34236

Title D  
Name ATLURU, SAILESH  
Address 1800 BEN FRANKLIN DR, B207  
City-State-Zip: SARASOTA FL 34236

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE: LEELA ATLURU**

**VCST**

**01/16/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date