

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000353163

**Entity Name:** VIHAS LLC

**Current Principal Place of Business:**

2706 W SAINT ISABEL ST  
TAMPA, FL 33607

**Current Mailing Address:**

3845 COPPERSPRING BLVD  
NEW PORT RICHEY, FL 34653 US

**FEI Number:** 87-2278730

**Certificate of Status Desired:** Yes

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

JOSHI, ARTH  
3845 COPPERSPRING BLVD  
NEW PORT RICHEY, FL 34653 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 JOSHI, ARTH  
Address 3845 COPPERSPRING BLVD  
City-State-Zip: NEW PORT RICHEY FL 34653

Title AMBR  
Name LAWRENCE, NELLIE  
Address 36126 SHADY BLUFF LOOP  
City-State-Zip: ZEPHYRHILLS FL 33541

Title AMBR  
Name PATEL, MANANKUMAR  
Address 19201 VERDANT PASTURE WAY  
City-State-Zip: TAMPA FL 33647

Title AMBR  
Name PATEL, RAJDEEP  
Address 17806 CANARY POINT LN  
City-State-Zip: TAMPA FL 33647

*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:** ARTH JOSHI

**PRESIDENT**

**03/31/2023**

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

\_\_\_\_\_  
Date