

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021552

Entity Name: ANITA B. VENKATARAMANA, LLC

Current Principal Place of Business:

10332 FALLSGROVE ST.
ORLANDO, FL 23836

Current Mailing Address:

10332 FALLSGROVE ST.
ORLANDO, FL 32836 US

FEI Number: 26-2134420

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE MEDILAW FIRM
325 ALMERIA AVENUE
CORAL GABLES, FL 33134 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 MGRM
Name VENKATARAMANA, ANITA B
Address 10332 FALLSGROVE ST.
City-State-Zip: ORLANDO FL 32836

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: ANITA B. VENKATARAMANA

MANAGER

04/23/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date