

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000141393

**Entity Name:** INVERSELOGIX LLC

**Current Principal Place of Business:**

4500 SALISBURY RD  
SUITE # 180  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4500 SALISBURY RD  
SUITE # 180  
JACKSONVILLE, FL 32216 US

**FEI Number:** 45-4058766

**Certificate of Status Desired:** No

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

MALLI, HEMANTH K  
10343 CYPRESS LAKES DRIVE  
JACKSONVILLE, FL 32256 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 MGR  
Name MALLI, HEMANTH K  
Address 10343 CYPRESS LAKES DRIVE  
City-State-Zip: JACKSONVILLE FL 32256

*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:** HEMANTH MALLI

**MANAGER**

**03/12/2021**

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

\_\_\_\_\_  
Date