## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000141393

**Entity Name: INVERSELOGIX LLC** 

**Current Principal Place of Business:** 

4600 TOUCHTON RD E, BUILDING 100 **SUITE # 150** JACKSONVILLE, FL 32246

## **Current Mailing Address:**

4600 TOUCHTON RD E, BUILDING 100 **SUITE # 150** JACKSONVILLE, FL 32246 US

FEI Number: 45-4058766 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MALLI, HEMANTH K 13470 SUNSTONE ST JACKSONVILLE, FL 32258 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

**FILED** Jan 11, 2015

**Secretary of State** 

CC4878112315

## Authorized Person(s) Detail:

Title MGR

MALLI, HEMANTH K Name 13470 SUNSTONE ST Address

SIGNATURE: HEMANTH MALLI

City-State-Zip: JACKSONVILLE FL 32258

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.

MANAGER