

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000083182

**Entity Name:** AVEERAT LLC

**Current Principal Place of Business:**

1275 66TH N  
40063  
ST PETERSBURG, FL 33743

**Current Mailing Address:**

11327 CYPRESS RESERVE DR  
TAMPA, FL 33626 US

**FEI Number:** 46-1327452

**Certificate of Status Desired:** No

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

CHOGLE, SACHIN  
11327 CYPRESS RESERVE DR  
TAMPA, FL 33626 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 CHOGLE, SACHIN  
Address 11327 CYPRESS RESERVE DR  
City-State-Zip: TAMPA FL 33626

*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:** SACHIN CHOGLE

MGR

04/26/2014

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

\_\_\_\_\_  
Date