

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000042584

**FILED**  
**Feb 25, 2014**  
**Secretary of State**  
**CC6237802351**

**Entity Name:** ADMIN SERVICES LLC

**Current Principal Place of Business:**

2100 VALLEY VIEW PKWY  
APT 135  
EL DORADO HILLS, CA 95762

**Current Mailing Address:**

2100 VALLEY VIEW PKWY  
APT 135  
EL DORADO HILLS, CA 95762 US

**FEI Number:** 46-3483721

**Certificate of Status Desired:** No

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

SKATTA SOLUTIONS LLC  
5317 MARTIN LN  
TAMPA FL 33617 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 CHAIRMAN  
Name SRINIVASA, YANAPARTI R  
Address 1024 IRON POINT ROAD  
SUITE 100 # 1301  
City-State-Zip: FOLSOM CA 95630

Title COO  
Name EDARA, BHAVANI  
Address 2100 VALLEY VIEW PKWY  
APT 135  
City-State-Zip: EL DORADO HILLS CA 95762

Title VP  
Name KATTA, SUMANTH  
Address 5317 MARTIN LN  
City-State-Zip: TAMPA FL

*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:** SRINIVASA R YANAPARTI

**CHAIRMAN**

**02/25/2014**

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

\_\_\_\_\_  
Date