

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000126003

**Entity Name:** SIVALEE LLC

**Current Principal Place of Business:**

3505 EAST FRONTAGE ROAD  
SUITE 138  
TAMPA, FL 33607

**Current Mailing Address:**

3505 EAST FRONTAGE ROAD  
SUITE 138  
TAMPA, FL 33607

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HOLIMAN, SARINAN  
3505 EAST FRONTAGE ROAD  
SUITE 138  
TAMPA, FL 33607 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 THONGSURIYAPONG, SIVALEE  
Address 3505 EAST FRONTAGE ROAD, SUITE  
138  
City-State-Zip: TAMPA FL 33607

Title MGR  
Name HOLIMAN, SARINAN  
Address 3505 EAST FRONTAGE ROAD, SUITE  
138  
City-State-Zip: TAMPA FL 33607

*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:** SARINAN HOLIMAN

**MGR**

**03/03/2014**

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

\_\_\_\_\_  
Date