

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000078843

Entity Name: CHAOS NEUROMORPHICS LLC**Current Principal Place of Business:**NON-LINEAR ARTIFICIAL INTELLIGENCE LABORATORY
224 RIDDICK HALL, NORTH CAROLINA STATE UNIVERSITY
RALEIGH, NC 27696**Current Mailing Address:**NON-LINEAR ARTIFICIAL INTELLIGENCE LABORATORY
224 RIDDICK HALL, NORTH CAROLINA STATE UNIVERSITY
RALEIGH, NC 27696 US**FEI Number:** 84-2494660**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SABANCI, EREN
9424 BAYMEADOWS ROAD
STE 250
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	AMBR
Name	GOVINDA, GABRIEL
Address	36 EDEN DR
City-State-Zip:	BULLSBROOK, WESTERN AUSTRALIA 6084

Title	AMBR
Name	SABANCI, EREN
Address	9424 BAYMEADOWS ROAD STE 250
City-State-Zip:	JACKSONVILLE FL 32256

Title	AMBR
Name	MURDOCH, CODY
Address	11016 RACKHURST AVE
City-State-Zip:	LAS VEGAS NV 89134

Title	AMBR
Name	DITTO, WILLIAM DR.
Address	2508 LAURELFORD LANE
City-State-Zip:	WAKE FOREST NC 27587

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: EREN SABANCI

AMBR

04/16/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date