

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000049135

Entity Name: SUBLAXMI LLC

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1505 NORTH DALEMABRY  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13288  
TAMPA, FL 33681 US

**New Mailing Address:**

FEI Number: 81-0674374

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KALIA, CHAND A  
3416 WEST WALLCRAFT AVE AVE  
TAMPA, FL 33611 US

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

KALIA, CHAND A  
4520 OAKELLAR AVE  
NO 13288  
TAMPA, FL 33611 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

04/10/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KALIA, CHAND A  
Address: 4520 OAKELLAR AVE NO 13288  
City-St-Zip: TAMPA, FL 33611 US

Title: MGRM  
Name: KALIA, RUBY  
Address: 4520 OAKELLAR AVE NO 13288  
City-St-Zip: TAMPA, FL FL US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHAND KALIA

MGM

04/10/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date