# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 05, 2006**
**Secretary of State**

DOCUMENT# L05000051057

**Entity Name:** ORAXML, LLC

**Current Principal Place of Business:**

809 HICKORY FORK DR.
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

809 HICKORY FORK DR.
SEFFNER, FL 33584

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SINGH, VIJAY
809 HICKORY FORK DR.
SEFFNER, FL 33584 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: SINGH, VIJAY
Address: 809 HICKORY FORK DR.
City-St-Zip: SEFFNER, FL 33584

Title: MGR ( ) Delete
Name: SIKJAVISWANATH, SURYANARAYANA
Address: 10226 DOUGLAS OAKS CIR.
City-St-Zip: TAMPA, FL 33610

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: VIJAY SINGH MGR 01/05/2006

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