

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000000170

Entity Name: SHRI OM LLC

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1155 SOUTH DALEMABRY HWY  
TAMPA, FL 33629 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13288  
TAMPA, FL 33681 US

**New Mailing Address:**

FEI Number: 84-1698981

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  
TAMPA, FL 33611 US

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

KALIA, CHAND A  
4520 WEST 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

04/12/2012

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

MGRM

04/12/2012

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