

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000033994

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** CORAL HIGH INVESTMENTS LLC

**Current Principal Place of Business:**

41099 BERNIE ST.  
FREMONT, CA 94539 US

**New Principal Place of Business:**

**Current Mailing Address:**

41099 BERNIE ST.  
FREMONT, CA 94539 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: MGRM  
Name: AVVARI, SRINIVASAMURTH  
Address: 41099 BERNIE ST.  
City-St-Zip: FREMONT, CA 94539 US

Title: MGRM  
Name: TANGIRALA, SAILAJA  
Address: 1388 LOYOLA DR.  
City-St-Zip: SANTA CLARA, CA 95051 US

Title: MGRM  
Name: VERMA, MANISH  
Address: 1857 SILVA PL.  
City-St-Zip: SANTA CLARA, CA 95054 US

Title: MGRM  
Name: PAMARTHY, LAKSHMANA  
Address: 2740 GILHAM WAY  
City-St-Zip: SAN JOSE, CA 95148 US

Title: MGRM  
Name: NAMA, MADHU  
Address: 40930 VALERO DRIVE  
City-St-Zip: FREMONT, CA 94539 US

Title: MGRM  
Name: DEVALAPALLI, SASTRY  
Address: 314 WICKLEY WAY  
City-St-Zip: WOODSTOCK, GA 30188 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:** LARA PACE

RECR

04/11/2012

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