

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000035116

**Entity Name:** SIRI ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

1507 S HIAWASSEE ROAD  
SUITE 107  
ORLANDO, FL 32835

**Current Mailing Address:**

P O BOX 618347  
ORLANDO, FL 32861 US

**FEI Number:** 20-0236571

**Certificate of Status Desired:** No

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

LEFKOWITZ, IVAN M  
2200 LUCIEN WAY  
SUITE #405  
MAITLAND, FL 32751 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 MGR  
Name AKELLA, RAVI P  
Address P O BOX 618347  
City-State-Zip: ORLANDO FL 32861

Title MGR  
Name VANGALA, PRADEEP K  
Address P O BOX 618347  
City-State-Zip: ORLANDO FL 32861

Title MGR  
Name JANDHYALA, RADHIKA  
Address P O BOX 618347  
City-State-Zip: ORLANDO FL 32861

Title MGR  
Name TUTUPALLI, NEERAJA  
Address P O BOX 618347  
City-State-Zip: ORLANDO FL 32861

Title MGR  
Name GANJAM, RAGHU  
Address PO BOX 618347  
City-State-Zip: ORLANDO FL 32861

Title MGR  
Name NARAYANAM, SWATHI  
Address PO BOX 618347  
City-State-Zip: ORLANDO FL 32861

*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:** RAVI AKELLA, M.D.

**OWNER**

**04/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date