

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049135

Entity Name: SUBLAXMI LLC

Current Principal Place of Business:

1505 NORTH DALEMABRY
TAMPA, FL 33607

Current Mailing Address:

PO BOX 13288
TAMPA, FL 33681 US

FEI Number: 81-0674374

Certificate of Status Desired: No

Name and Address of Current 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

Date

Authorized Person(s) Detail :

Title MGRM
Name KALIA, CHAND A
Address 4520 OAKELLAR AVE NO 13288
City-State-Zip: TAMPA FL 33681

Title MGRM
Name KALIA, RUBY
Address 4520 OAKELLAR AVE NO 13288
City-State-Zip: TAMPA FL 33681

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: CHAND ANUP KALIA

PRESIDENT

04/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date