2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2016
Secretary of State
CC9417106947

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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	Title	MGRM
Name	KALIA, CHAND A	Name	KALIA, RUBY
Address	4520 OAKELLAR AVE NO 13288	Address	4520 OAKELLAR AVE NO 13288
City-State-Zip:	TAMPA FL 33681	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 A KALIA PRESIDENT 04/12/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date