2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2016
Secretary of State
CC9878489530

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Entity Name: UNIVERSAL IT SOLUTIONS, LLC

Current Principal Place of Business:

46 NINEWELLS, LN
SAINT JOHNS, FL 32259

Current Mailing Address:

46 NINEWELLS, LN
SAINT JOHNS, FL 32259

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AVVARU, RAMA K
46 NINEWELLS, LN
SAINT JOHNS, FL 32259 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	MANAGING MEMBER, MANAGER, AUTHORIZED MEMBER
Name	KANURI, BINDU M
Address	46 NINEWELLS, LN
City-State-Zip:	SAINT JOHNS FL 32259

Title	MGR
Name	KANURI, BINDU M
Address	46 NINEWELLS, LN
City-State-Zip:	SAINT JOHNS FL 32259

Title	AMBR
Name	KANURI, BINDU M
Address	46 NINEWELLS, LN
City-State-Zip:	SAINT JOHNS FL 32259

Title	AR
Name	AVVARU, RAMA K
Address	46 NINEWELLS, LN
City-State-Zip:	SAINT JOHNS FL 32259

Title	AUTHORIZED REPRESENTATIVE, MANAGER
Name	AVVARU, RAMA K
Address	46 NINEWELLS, LN
City-State-Zip:	SAINT JOHNS FL 32259

Title	MGRM
Name	KANURI, BINDU M
Address	46 NINEWELLS, LN
City-State-Zip:	SAINT JOHNS FL 32259

Title	MGR
Name	AVVARU, RAMA K
Address	46 NINEWELLS, LN
City-State-Zip:	SAINT JOHNS FL 32259

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: RAMA K AVVARU AGENT/AR/MANAGER 04/02/2016

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