

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000101181

**Entity Name:** CHANDRA LLC

**Current Principal Place of Business:**

20 E. MELBOURNE AVE.  
STE. 104  
MELBOURNE, FL 32901

**Current Mailing Address:**

PO BOX 1460  
MELBOURNE, FL 32902 US

**FEI Number:** 26-4122824

**Certificate of Status Desired:** No

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

CHANDRA, RAJIV M.D.  
20 E. MELBOURNE AVE.  
STE. 104  
MELBOURNE, FL 32901 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 CHANDRA, RAJIV M.D.  
Address 20 E. MELBOURNE AVE. STE. 104  
City-State-Zip: MELBOURNE FL 32901

Title MGRM  
Name TRUMED ED, INC.  
Address 20 EAST MELBOURN AVE STE. 104  
City-State-Zip: MELBOURNE FL 32901

*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:** RAJIV CHANDRA

MGRM

01/23/2018

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

\_\_\_\_\_  
Date