

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000107696

**Entity Name:** CHIPLAB TECHNOLOGIES LLC

**FILED**  
**Mar 05, 2014**  
**Secretary of State**  
**CC5815284605**

**Current Principal Place of Business:**

5130 SOUTH DALE MABRY HWY  
SUITE 106  
TAMPA, FL 33611

**Current Mailing Address:**

5130 SOUTH DALE MABRY HWY  
SUITE 106  
TAMPA, FL 33611

**FEI Number: 46-3299980**

**Certificate of Status Desired: No**

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

CAMPBELL, DONALD G VI  
5130 SOUTH DALE MABRY HWY  
SUITE 106  
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 CAMPBELL, DONALD G VI  
Address 5130 SOUTH DALE MABRY HWY, STE 106  
City-State-Zip: TAMPA FL 33611

Title MGRM  
Name SCHWATKA, CHASE  
Address 2035 LARKFLOWER WAY  
City-State-Zip: LINCOLN CA 95648

*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: DONALD G CAMPBELL VI**

**PRESIDENT**

**03/05/2014**

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

\_\_\_\_\_  
Date