

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000123806

Entity Name: JAXBAWARCHI LLC**Current Principal Place of Business:**9551 BAYMEADOWS RD
JACKSONVILLE, FL 32256**Current Mailing Address:**9551 BAYMEADOWS RD
JACKSONVILLE, FL 32256**FEI Number:** 81-3074878**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GABBITA, MADHU S
476 ANTILA WAY
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:** MADHU GABBITA

04/01/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AR
Name	TEGULLA, SUNIL
Address	11116 TURNBRIDGE DR
City-State-Zip:	JACKSONVILLE FL 32256

Title	AUTHORIZED REPRESENTATIVE
Name	BODDAPATI, SIREESHA
Address	476 ANTILA WAY
City-State-Zip:	SAINT JOHNS FL 32259

Title	AR
Name	GABBITA, MADHU S
Address	476 ANTILA WAY
City-State-Zip:	SAINT JOHNS FL 32259

Title	AUTHORIZED REPRESENTATIVE
Name	SHIVANI, JAYALAKSHMI
Address	11116 TURNBRIDGE DR
City-State-Zip:	JACKSONVILLE FL 32256

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: MADHU GABBITA

AR

04/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date