

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000113374

**Entity Name:** SOCIOLOGIX LLC.

**Current Principal Place of Business:**

6900 TAVISTOCK LAKES BLVD  
SUITE 400  
ORLANDO, FL 32827

**Current Mailing Address:**

6900 TAVISTOCK LAKES BLVD  
SUITE 400  
ORLANDO, FL 32827 US

**FEI Number:** 82-1603520

**Certificate of Status Desired:** Yes

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

SOOKDEO, CINDY  
6900 TAVISTOCK LAKES BLVD., SUITE 400  
ORLANDO, FL 32827 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:** CINDY SOOKDEO

01/10/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |  |                 |  |
|-----------------|--|-----------------|--|
| Title           | AUTHORIZED MEMBER                        | Title           | AUTHORIZED MEMBER                        |
| Name            | SOOKDEO, CINDY                           | Name            | MASRAM, GAURAV                           |
| Address         | 6900 TAVISTOCK LAKES BLVD.,<br>SUITE 400 | Address         | 6900 TAVISTOCK LAKES BLVD.,<br>SUITE 400 |
| City-State-Zip: | ORLANDO FL 32827                         | City-State-Zip: | ORLANDO FL 32827                         |

*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:** GAURAV MASRAM

LLC MEMBER

01/10/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date