

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000099665

**Entity Name:** SIRIFUNDS LLC**Current Principal Place of Business:**2642 FAWNLAKE TRAIL  
ORLANDO, FL 32828**Current Mailing Address:**2642 FAWNLAKE TRAIL  
ORLANDO, FL 32828 US**FEI Number:** 82-5298653**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEELA, SRINIVAS  
2642 FAWNLAKE TRAIL  
ORLANDO, FL 32828 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:** SRINIVAS SEELA

04/09/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name GANGAM, RAGHU  
Address 11049 ULLSWATER LN.  
City-State-Zip: WINDERMERE FL 34786

Title AMBR  
Name AKELLA, RAVI  
Address 6713 VALHALLA WAY  
City-State-Zip: WINDERMERE FL 34786

Title AMBR  
Name SHEELA, HARINATH  
Address 2838 DOVER GLENN CIRCLE  
City-State-Zip: ORLANDO FL 32828

Title AMBR  
Name VANGALA, PRADEEP  
Address 5027 KEENELAND CIRCLE  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name SEELA, SRINIVAS  
Address 2642 FAWNLAKE TRAIL  
City-State-Zip: ORLANDO FL 32828

*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:** SRINIVAS SEELA

AMBR

04/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date