

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059294

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: PROSPERITYSOFT, LLC

**Current Principal Place of Business:**

4070 NE 18TH AVE.  
FORT LAUDERDALE, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

4070 NE 18TH AVE.  
FORT LAUDERDALE, FL 33334

**New Mailing Address:**

FEI Number: 30-0267709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TIANO, CYNTHIA L  
4070 NE 18TH AVE.  
FORT LAUDERDALE, FL 33334 US

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

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

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: TIANO, HOWARD L  
Address: 4070 NE 18TH AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGRM ( ) Delete  
Name: TIANO, CYNTHIA L  
Address: 4070 NE 18TH AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGRM ( ) Delete  
Name: KHIRALLAH, JOE  
Address: 111 CLEARWATER DR.  
City-St-Zip: HARWICH, MA 02645

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CYNTHIA TIANO

MGRM

04/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date