

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000015216

Entity Name: DATASEMBLE, LLC

FILED  
Apr 24, 2009  
Secretary of State

**Current Principal Place of Business:**

9877 NW 25TH COURT  
SUNRISE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

9877 NW 25TH COURT  
SUNRISE, FL 33322

**New Mailing Address:**

FEI Number: 26-2237958

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CABELLO, ERNESTO  
960 CORAL RIDGE DR APT 302  
CORAL SPRINGS, FL 33701 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANDY, CHRISTOPHER  
Address: 9877 NW 25TH COURT  
City-St-Zip: SUNRISE, FL 33322

Title: MGRM ( ) Delete  
Name: CABELLO, ERNESTO  
Address: 960 CORAL RIDGE DR APT 302  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM ( ) Delete  
Name: SANTORA, MARK  
Address: 8406 W SAMPLE ROAD APT 129  
City-St-Zip: CORAL SPRINGS, FL 33065

**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 exemption stated in Chapter 119, 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: ERNESTO CABELLO

MGRM

04/24/2009

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