

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000006266**

1. Entity Name

**D & S DESIGN AND SOFTWARE ENGINEERING LLC**



Principal Place of Business

% MICHAEL A. CECERE, CPA, P.A.  
2200 NORTH FEDERAL HIGHWAY, SUITE #214  
BOCA RATON, FL 33431

Mailing Address

% MICHAEL A. CECERE, CPA, P.A.  
2200 NORTH FEDERAL HIGHWAY, SUITE #214  
BOCA RATON, FL 33431



01092004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1029399**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CECERE, MICHAEL A CPA  
2200 N. FEDERAL HWY, SUITE 214  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000144047  
04/30/04-80114-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
GAMBOLATI, MARY  
2200 NORTH FEDERAL HIGHWAY, SUITE #214  
BOCA RATON, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
CECERE, MICHAEL A  
2200 NORTH FEDERAL HIGHWAY, SUITE #214  
BOCA RATON, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
WAWRETSCHKA, GUNTER  
2200 NORTH FEDERAL HIGHWAY, SUITE #214  
BOCA RATON, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:**

*Michael A. Cecere, Cp Manager*

*11/4/04*

*301-368-1190*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #