


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L00000012495</b>		
1. Entity Name ISPPWARE, L.L.C.		

FILED

07 APR 18 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 12807 W. HILLSBOROUGH AVENUE TAMPA, FL 33615	Mailing Address 12807 W. HILLSBOROUGH AVENUE STE 1 TAMPA, FL 33635
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 12807 W. HILLSBOROUGH AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE. G	
City & State		City & State TAMPA, FL	
Zip	Country	Zip	Country
		33635	USA

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3681442	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  FEINSTEIN, ERIC A 12807 W. HILLSBOROUGH AVENUE TAMPA, FL 33615		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEINSTEIN, ERIC A 12807 W. HILLSBOROUGH AVENUE TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

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

Date

Daytime Phone #

4/4/07

24/28