2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000007936

1. Entity Name
INDEPENDENT SOFTWARE SOLUTIONS LLC

Principal Place of Business	Mailing Address
1804 HOLLY FLOWER LANE ORANGE PARK, FL 32003	1804 HOLLY FLOWER LANE ORANGE PARK, FL 32003

DO NOT WRITE IN THIS SPACE

04192004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
04-3634697	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JEAKLE, JOHN G
300 W. ADAMS ST., STE 650
JACKSONVILLE, FL 32202

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

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JEAKLE, DONNA G
STREET ADDRESS	1804 HOLLY FLOWER LANE
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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CITY-ST-ZIP	

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05/03/04-80179-015 50.00

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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: _____ Donna G. Jeakle _____ 4/29/2004 (904) 910-1440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #