## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 01, 2003 8:00 am Secretary of State

2-10-03 (904) 910-7440

DOCUMENT # L0200007936  1. Entity Name INDEPENDENT SOFTWARE SOLUTIONS LLC							04-14-20	003 90008 (	)15 ****	50.00		
Principal Place of Business 1804 HOLLY FLOWER LANE		Mailing Address 1604 HOLLY FLOWER LANE					~		4			
ORANGE PARK FL 32003		ORANGE PARK FL 32003					SSIN ASIN BOW ASS		T1015 ALL 155			
2. Principal F	Place of Business	3. Mailing Address										
Suite. Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & Stat	е	City & State			4. FEI Number Applied For Not Applied For Not Applied For							
Zip	Country	Zip	Coun	try		5. Certifica	te of Status Desire		55.00 Ad		]	
	6. Name and Address of Current	Registered Agent		, -		7. Name a	nd Address of New	v Registered A	gent		⊒.	
CORPORATION SERVICE COMPANY					Name JOHN-G. JEAKLE							
1201 HAYS STREET TALLAHASSEE FL 32301-2525				Street Address (P.O. Box Number is Not Acceptable)								
IAL	LANASSEE PL S230 (-2323			300 WEST ADMS ST, SITE 650							]	
				City	TACK	SUNVI	سانة	FL	Zip Coo	302		
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 partly of registered agent and total if applicable. (NOTE: Registered Agent signature required when retreatating)  DATE												
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FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State												
Due By May 1, 2003												
9	MANAGING MEMBE	_ 1	10.				ADDITION	IS/CHANGES			4	
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NAME	JEAKLE, DONNA G		NAME	l.							ĮŞ	
STREET ADDRESS	1804 HOLLY FLOWER LANE		STREE	ET ADDRESS							8	
CITY-S1-ZIP	ORANGE PARK FL 32003	·	CITY-	ST-ZIP			<u></u>	<u> </u>			] រ្គ័	
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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 DERNAPED JEAKLE

SIGNATURE: SUCHATURE AND TYPED OR PRINTED PARE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE