

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000032818

1. Entity Name
DEMAN DATA SYSTEMS, LLC



Principal Place of Business
**2150 WHITFIELD INDUSTRIAL WAY
SARASOTA, FL 34243**

Mailing Address
**2150 WHITFIELD INDUSTRIAL WAY
SARASOTA, FL 34243**



01092006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0547086

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 32301-1283**

**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, 2006**

1100000508712
14/28/06-80016-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FLORIDA SOFTWARE SYSTEMS, INC.
STREET ADDRESS	2150 WHITFIELD INDUSTRIAL WAY
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	P
NAME	SCHESSEL, MARC
STREET ADDRESS	2150 WHITFIELD INDUSTRIAL WAY
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	STCE
NAME	DOBIESZ, NORMAN R
STREET ADDRESS	2150 WHITFIELD INDUSTRIAL WAY
CITY-ST-ZIP	SARASOTA, FL 34243
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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #