

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032818

FILED
Mar 03, 2009
Secretary of State

Entity Name: DEMAN DATA SYSTEMS, LLC

Current Principal Place of Business:

2150 WHITFIELD INDUSTRIAL WAY
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

2150 WHITFIELD INDUSTRIAL WAY
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 05-0547086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 323011283 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FLORIDA SOFTWARE SYS, TEMS, INC.
Address: 2150 WHITFIELD INDUSTRIAL WAY
City-St-Zip: SARASOTA, FL 34243

Title: P () Delete
Name: SCHESSEL, MARC
Address: 2150 WHITFIELD INDUSTRIAL WAY
City-St-Zip: SARASOTA, FL 34243

Title: STCE () Delete
Name: DOBIESZ, NORMAN R
Address: 2150 WHITFIELD INDUSTRIAL WAY
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NORMAN R. DOBIESZ

STCE

03/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date