

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90091 021 ****50.00

DOCUMENT # L03000019594

1. Entity Name
PIQ SOFTWARE, LLC



Principal Place of Business
**3500 MARY LANE
MOUNT DORA, FL 32757 US**

Mailing Address
**3500 MARY LANE
MOUNT DORA, FL 32757 US**

2. Principal Place of Business
221 EASTRIDGE DR
Suite, Apt. #, etc.

3. Mailing Address
221 EASTRIDGE DR
Suite, Apt. #, etc.



07022004 Chg-LLC CR2E083 (10/03)

City & State
EUSTIS, FL
Zip
32726
Country
USA

City & State
EUSTIS, FL
Zip
32726
Country
USA

4. FEI Number
73-1671595
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ACTIVE FILINGS, LLC
10651 NE 11TH COURT
MIAMI SHORES, FL 33138**

7. Name and Address of New Registered Agent

Name
JACK MARLOW
Street Address (P.O. Box Number is Not Acceptable)
221 EASTRIDGE DR
City
EUSTIS FL Zip Code
32726

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 **JACK MARLOW**
Signature, typed or printed name of registered agent and title if applicable

Jack Marlow
(NOTE: Registered Agent signature required when reinstating)

7-6-04
DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MARLOW, JACK
221 EASTRIDGE DR.
EUSTIS, FL 32726** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MACOMBER, DANIEL
5292 MANSFIELD CT.
DALLAS CITY, FL 22193** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MACOMBER, DANIEL
5292 MANSFIELD CT.
DALE CITY VA 22193** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LEWIS, MICHAEL
3500 MARY LN
MOUNT DORA FL 32757** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ Addition

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: **JACK MARLOW**

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

Jack Marlow

7-6-04

Date

(352) 357-5846

Daytime Phone #