

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041677

FILED  
Jan 29, 2008  
Secretary of State

Entity Name: PRAGMATIC WORKS, LLC

**Current Principal Place of Business:**

10006 CROSS CREEK BOULEVARD  
SUITE 102  
TAMPA, FL 33647 US

**New Principal Place of Business:**

**Current Mailing Address:**

10006 CROSS CREEK BOULEVARD  
SUITE 102  
TAMPA, FL 33647 US

**New Mailing Address:**

FEI Number: 20-0353850      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASSIDY, THOMAS E  
9172 HIGHLAND RIDGE WAY  
TAMPA, FL 33647 US

**Name and Address of New Registered Agent:**

CASSIDY, THOMAS E  
5747 RIVA RIDGE DRUVE  
WESLEY CHAPEL, FL 33544 US

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: \_\_\_\_\_

01/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CASSIDY, THOMAS  
Address: 5747 RIVA RIDGE DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 335446513

Title: MGRM ( ) Delete  
Name: CASSIDY, RITA M  
Address: 5747 RIVA RIDGE DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 335446513

**ADDITIONS/CHANGES:**

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: RITA M. CASSIDY

MGRM

01/29/2008

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