

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90421 038 ****50.00

DOCUMENT # L03000042972

1. Entity Name
DARKSTAR INFORMATION SERVICES COMPANY, LLC



Principal Place of Business
**12212 TWIN BRANCH ACRES ROAD
TAMPA, FL 33626**

Mailing Address
**12212 TWIN BRANCH ACRES ROAD
TAMPA, FL 33626**

20026263



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
33-1076295

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARNETT, SCOTT F
234 EAST DAVIS BOULEVARD
TAMPA, FL 33606**

Name
(SAME)

Street Address (P.O. Box Number is Not Acceptable)

412 E MADISON ST, #900

City
TAMPA

FL Zip Code
33602

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, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
FOUNTAIN, MICHAEL W PH.D.
12212 TWIN BRANCH ACRES ROAD
TAMPA, FL 33626** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BUDD, STEPHEN R
3551 GRAND FORKS DRIVE
LAND O LAKES, FL 34639** ☐ Delete

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

TITLE
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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: **Stephen R Budd** **STEPHEN BUDD**

4/1/05

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

Date

Daytime Phone #