

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000005703

FILED
Sep 20, 2006
Secretary of State

Entity Name: TRISOFT, LLC

Current Principal Place of Business:

842 MAPLE TREE LANE
ORLANDO, FL 32828 US

New Principal Place of Business:

Current Mailing Address:

842 MAPLE TREE LANE
ORLANDO, FL 32828 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SORRELS, KATHLEEN V
842 MAPLE TREE LANE
ORLANDO, FL 32828 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: KATHLEEN V. SORRELS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: SORRELS, JAMES M
Address: 842 MAPLE TREE LANE
City-St-Zip: ORLANDO, FL 32828 US

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

Title: MGRM () Delete
Name: JOHNSON, JEREMIAH
Address: 222 NORTH HIAWASSEE ROAD, APT. 58
City-St-Zip: ORLANDO, FL 32835 US

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

Title: MGRM (X) Delete
Name: SARAF, DEEPAK
Address: 8205 OLYMPIA COURT
City-St-Zip: LONGWOOD, FL 32779 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES M. SORRELS

MGRM

09/20/2006

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