

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016938

**FILED**  
**Feb 11, 2009**  
**Secretary of State**

**Entity Name:** AEROSOFT PMI SYSTEMS LLC

**Current Principal Place of Business:**

1560 SAWGRASS CORP PKWY  
STE 400  
SUNRISE, FL 33323 OC

**New Principal Place of Business:**

1560 SAWGRASS CORP PKWY  
STE 400  
SUNRISE, FL 33323 US

**Current Mailing Address:**

5945 AIRPORT RD  
STE 254  
MISSISSAUGA, ONTARIO, CANADA, L4-V19 OC

**New Mailing Address:**

5945 AIRPORT RD  
STE 254  
MISSISSAUGA, ONTARIO, CANADA, OC 00000 OC

**FEI Number:** 98-0419699

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAPONERIDIS, THANOS  
1560 SAWGRASS CORPORATE PKWY STE 400  
SUNRISE, FL 33323 US

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

KAPONERIDIS, THANOS  
1560 SAWGRASS CORPORATE PKWY  
SUITE 400  
SUNRISE, FL 33323 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: \_\_\_\_\_

02/11/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AEROSOFT PMI SYSTEMS, INC  
Address: 1560 SAWGRASS CORP PKWY STE 400  
City-St-Zip: SUNRISE, FL 33323

**ADDITIONS/CHANGES:**

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: CHRISTINE TYNDORF

MGR

02/11/2009

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