## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000063439

Entity Name: OSPREYSOFT, LLC

**FILED** Mar 12, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

319 PARK TRACE BOULEVARD 4091 BLUE HERON CIR

OSPREY, FL 34229 NORTH PORT, FL 34287 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 1111 P.O. BOX 1111

OSPREY, FL 34229 OSPREY, FL 34229 US

FEI Number: 20-1547197 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DANIEL, JULIE GARDI, LES

200 SOUTH ORANGE AVENUE 7061 S. TAMIAMI TRAIL SARASOTA, FL 34236 US SARASOTA, FL 34231 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: LES GARDI 03/12/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: (X) Change ( ) Addition () Delete

DANIEL, MOSHE Name: Name: DANIEL, MOSHE Address: 319 PARK TRACE BLVD. Address: PO BOX 1111 City-St-Zip: OSPREY, FL 34229 US City-St-Zip: OSPREY, FL 34229 US

Title: MGR (X) Delete Title: () Change () Addition

DANIEL, JULIE L Name: Name: Address: 319 PARK TRACE BLVD. Address: City-St-Zip: OSPREY, FL 34229 US 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: MOSHE DANIEL 03/12/2008