

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008421

FILED
Jan 03, 2007
Secretary of State

Entity Name: DEPENDABLE COMPUTER SOLUTIONS, LLC

Current Principal Place of Business:

2144 CALLAWAY DRIVE
THE VILLAGES, FL 321624393 US

New Principal Place of Business:

Current Mailing Address:

2144 CALLAWAY DRIVE
THE VILLAGES, FL 321624393 US

New Mailing Address:

FEI Number: 20-2226138 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FULLER, WILLIAM S
2144 CALLAWAY DRIVE
THE VILLAGES, FL 321624393 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FULLER, WILLIAM S
Address: 2144 CALLAWAY DRIVE
City-St-Zip: THE VILLAGES, FL 321624393 US

Title: MGRM () Delete
Name: BATESOLE, MICHAEL D
Address: 1944 ARDMORE WAY
City-St-Zip: THE VILLAGES, FL 321626312 US

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 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: WILLIAM S. FULLER

MGRM

01/03/2007

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