

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085500

FILED  
Apr 10, 2008  
Secretary of State

**Entity Name:** NATIONAL DATA SECURITY SERVICES LLC

**Current Principal Place of Business:**

1033 NE 17TH WAY  
UNIT 801  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

1033 NE 17TH WAY  
UNIT 801  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

MOSKOWITZ, IVAN  
1033 NE 17TH WAY  
UNIT 801  
FORT LAUDERDALE, FL 33304 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: MGR ( ) Delete  
Name: MOSKOWITZ, IVAN  
Address: 1033 NE 17TH WAY, UNIT 801  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGR ( ) Delete  
Name: MOSKOWITZ, CAROL  
Address: 1033 NE 17TH WAY, UNIT 801  
City-St-Zip: FORT LAUDERDALE, FL 33304

**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 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: IVAN MOSKOWITZ                      MGR                      04/10/2008

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