

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106617

Entity Name: T.G.I. SOFTWARE, LLC

FILED
Feb 19, 2009
Secretary of State

Current Principal Place of Business:

611 NORTH NEW WARRINGTON ROAD, SUITE 2
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

611 NORTH NEW WARRINGTON ROAD, SUITE 2
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 20-1931547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALISCH, HARRY F
320 SOUTH 61ST AVENUE
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

CALISCH, HARRY F MR.
320 SOUTH 61ST AVENUE
PENSACOLA, FL 32506 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: HARRY F. CALISCH

02/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CALISCH, LESA A
Address: 320 SOUTH 61ST AVENUE
City-St-Zip: PENSACOLA, FL 32506

Title: MGRM () Delete
Name: CALISCH, CAMILLE G
Address: 320 SOUTH 61ST AVENUE
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CALISCH, LESA A MRS.
Address: 320 SOUTH 61ST AVENUE
City-St-Zip: PENSACOLA, FL 32506

Title: MGRM (X) Change () Addition
Name: CALISCH, CAMILLE G MS.
Address: 320 SOUTH 61ST AVENUE
City-St-Zip: PENSACOLA, FL 32506

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: HARRY F. CALISCH

RA

02/19/2009

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