

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106829

FILED
Apr 08, 2006
Secretary of State

Entity Name: DARK HAT SOFTWARE, LLC.

Current Principal Place of Business:

1164 CITRUS OAKS RUN
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

Current Mailing Address:

1164 CITRUS OAKS RUN
WINTER SPRINGS, FL 32708 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

EPLIN, GEORGE W
1164 CITRUS OAKS RUN
WINTER SPRINGS, FL 32708 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: EPLIN, GEORGE W
Address: 1164 CITRUS OAKS RUN
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGRM () Delete
Name: WALTHER, ANDREW
Address: 10524 GROVE VIEW WAY
City-St-Zip: SANFORD, FL 32773 US

Title: MGRM () Delete
Name: EPLIN, JUSTIN B
Address: 1164 CITRUS OAKS RUN
City-St-Zip: WINTER SPREINGS, FL 32708 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: EPLIN, JUSTIN B
Address: 1164 CITRUS OAKS RUN
City-St-Zip: WINTER SPRINGS, FL 32708 US

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: GEORGE W. EPLIN

MM

04/08/2006

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