

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043765

FILED  
Feb 01, 2007  
Secretary of State

Entity Name: COVALENT SOFTWARE, LLC

**Current Principal Place of Business:**

4651 BABCOCK ST. NE  
UNIT 18, # 333  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

4651 BABCOCK ST. NE  
UNIT 18, # 333  
PALM BAY, FL 32905

**New Mailing Address:**

FEI Number: 20-4767623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMALL BUSINESS RESOURCES USA, INC.  
773 S. KIRKMAN RD.  
SUITE 118  
ORLANDO, FL 32811 US

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

THIRD, MICHAEL A  
4651 BABCOCK ST NE  
UNIT 18, #333  
PALM BAY, FL 32905 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: MICHAEL A THIRD

02/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THIRD, MICHAEL A  
Address: 4651 BABCOCK ST. NE, UNIT 18, # 333  
City-St-Zip: PALM BAY, FL 32905

Title: MGRM ( ) Delete  
Name: THIRD, COURTNEY J  
Address: 4651 BABCOCK ST. NE, UNIT 18, # 333  
City-St-Zip: PALM BAY, FL 32905

**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: MICHAEL A THIRD

MGRM

02/01/2007

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