## 2007 LIMITED LIABILITY COMPANY

## Feb 14, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # L06000054581 02-14-2007 90218 011 \*\*\*\*50.00 1. Entity Name DIGITALENGSOFT LLC Principal Place of Business Mailing Address 19902 WYNDHAM LAKES 19902 WYNDHAM LAKES ODESSA, FL 33556 ODESSA, FL 33556 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAVROUDES, GEORGE V Street Address (P.O. Box Number is Not Acceptable) 19902 WYNDHAM LAKES ODESSA, FL 33556 Zip Code City FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR TITLE Change Addition ☐ Delete MAVROUDES, GEORGE V NAME. NAME STREET ADDRESS 19902 WYNDHAM LAKES STREET ADDRESS CITY-ST-ZIP ODESSA, FL 33556 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

PED OF PRINTED NAME OF SIGN

FILED