

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083193

FILED
Mar 02, 2011
Secretary of State

Entity Name: ERAS SOFTWARE SOLUTIONS, LLC

Current Principal Place of Business:

12401 ORANGE DRIVE
SUITE 206
DAVIE, FL 33330 US

New Principal Place of Business:

12505 ORANGE DRIVE
SUITE 901
DAVIE, FL 33330 US

Current Mailing Address:

12401 ORANGE DRIVE, SUITE 206
DAVIE, FL 33330 US

New Mailing Address:

12505 ORANGE DRIVE
SUITE 901
DAVIE, FL 33330 US

FEI Number: 26-0578237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANTONIO, MORENO C P
12401 ORANGE DR.
SUITE 206
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

ANTONIO, MORENO C
12505 ORANGE DR.
SUITE 901
DAVIE, FL 33330 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: ANTONIO MORENO

03/02/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ANTONIO, MORENO C
Address: 12505 ORANGE DR SUITE 901
City-St-Zip: DAVIE, FL 33330 US

Title: MGRM
Name: FEDERICO, SANTARELLI J
Address: 12505 ORANGE DR SUITE 901
City-St-Zip: DAVIE, FL 33330 US

Title: MGRM
Name: FELIX, OHEP A
Address: 12505 ORANGE DR SUITE 901
City-St-Zip: DAVIE, FL 33330 US

Title: MGRM
Name: JAVIER, MANRIQUE
Address: 12505 ORANGE DR SUITE 901
City-St-Zip: DAVIE, FL 33330 US

Title: MGRM
Name: ANACA GROUP LLC
Address: 12505 ORANGE DR SUITE 901
City-St-Zip: DAVIE, FL 33330 US

I hereby 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: ANTONIO MORENO

MGRM

03/02/2011

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