2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # L06000088378

1. Entity Name
OPTIMAL IDM SOFTWARE, LLC

Principal Place of Business	Mailing Address
2209 COLLIER PARKWAY, SUITE #140 LAND O'LAKES, FL 34639	2209 COLLIER PARKWAY, SUITE #140 LAND O'LAKES, FL 34639

04152008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1715844

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

AUCOIN, LAWRENCE T
22528 MAGNOLIA TRACE BLVD
LUTZ, FL 33549

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

05/05/08-80004-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	AUCOIN, LAWRENCE
STREET ADDRESS	22528 MAGNOLIA TRACE BLVD.
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	MGRM
NAME	MARING, JOHN
STREET ADDRESS	820 WEST AMELIA AVE
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	BRENGS, MICHAEL
STREET ADDRESS	P.O. BOX 36
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	MGRM
NAME	DICKERSON, NADA T
STREET ADDRESS	6031 35TH LANE E
CITY-ST-ZIP	ELLENTON, FL 34222
TITLE	MGRM
NAME	AUCOIN, LILLIE M
STREET ADDRESS	17750 JAMESTOWN WAY, APT B
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Lawrence T. Aucoin LAWRENCE T. AUCOIN 4/15/08 (813) 376-0654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #