

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088378

FILED
Apr 09, 2009
Secretary of State

Entity Name: OPTIMAL IDM SOFTWARE, LLC

Current Principal Place of Business:

2209 COLLIER PARKWAY, SUITE #140
LAND O'LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

2209 COLLIER PARKWAY, SUITE #140
LAND O'LAKES, FL 34639

New Mailing Address:

FEI Number: 84-1715844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUCOIN, LAWRENCE T
22528 MAGNOLIA TRACE BLVD
LUTZ, FL 33549 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: AUCOIN, LAWRENCE
Address: 22528 MAGNOLIA TRACE BLVD.
City-St-Zip: LUTZ, FL 33549

Title: MGRM () Delete
Name: MARING, JOHN
Address: 820 WEST AMELIA AVE
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: BRENGS, MICHAEL
Address: P.O. BOX 36
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM () Delete
Name: DICKERSON, NADA T
Address: 6031 35TH LANE E
City-St-Zip: ELLENTON, FL 34222

Title: MGRM () Delete
Name: AUCOIN, LILLIE M
Address: 17750 JAMESTOWN WAY, APT B
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES:

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

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

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

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 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: LAWRENCE T. AUCOIN

MGR

04/09/2009

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