

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000041119

Entity Name: OYOVA SOFTWARE, LLC

FILED
Nov 09, 2009
Secretary of State

Current Principal Place of Business:

2269 S W HUNTER'S CLUB WAY
PALM CITY, FL 34990

New Principal Place of Business:

2051 LAS BRISAS CT.
JACKSONVILLE, FL 32224

Current Mailing Address:

2269 S W HUNTER'S CLUB WAY
PALM CITY, FL 34990

New Mailing Address:

2051 LAS BRISAS CT.
JACKSONVILLE, FL 32224

FEI Number: 26-0381777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORLEY, CECIL
2269 S W HUNTER'S CLUB WAY
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

MCGRAW, DAVID R
2051 LAS BRISAS CT.
JACKSONVILLE, FL 32224 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: DAVID R. MCGRAW II

11/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WORLEY, CECIL
Address: 2269 S W HUNTER'S CLUB WAY
City-St-Zip: PALM CITY, FL 34990

Title: MGRM (X) Delete
Name: MCGRAW, DAVID
Address: 4537 MOUNTAIN BROOK LANE WEST
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCGRAW, DAVID
Address: 2051 LAS BRISAS CT.
City-St-Zip: JACKSONVILLE, FL 32224

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: DAVID R. MCGRAW II

CEO

11/09/2009

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