2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# L07000045480

Entity Name: AVENTUSOFT L.L.C.

Current Principal Place of Business:

8995 CHAMBERS STREET
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

8995 CHAMBERS STREET
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 56-2661022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KALE, KAUSTUBH
8995 CHAMBERS STREET
TAMARAC, FL 33321 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:	KALE, RAJENDRA	
Address:	R.17 M1DC	
City-St-Zip:	RATNAGIRI, MAHARASHTRA, MH 415639 IN	
Title:	MGRM	( ) Delete
Name:	KALE, KAUSTUBH	
Address:	8995 CHAMBERS STREET	
City-St-Zip:	TAMARAC, FL 33321 US	
Title:	MGRM	( ) Delete
Name:	KALE, KIRIT	
Address:	R.17 M1DC	
City-St-Zip:	RATNAGIRI, MAHARASHTRA, MH 415639 IN	

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:	

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: KAUSTUBH KALE MGRM 04/03/2009

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