2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2009
Secretary of State

DOCUMENT# L07000082973

Entity Name: STATIKSOFT, LLC

Current Principal Place of Business:

5200 PINE STREET
COCOA, FL 32927 US

New Principal Place of Business:

Current Mailing Address:

5200 PINE STREET
COCOA, FL 32927 US

New Mailing Address:

FEI Number: 56-2673201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MURPHY, ELLIOT J
5200 PINE STREET
COCOA, FL 32927 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: MURPHY, ELLIOT J
Address: 5200 PINE STREET
City-St-Zip: COCOA, FL 32927 US

Title: MGRM (X) Delete
Name: MURPHY, KEVIN N
Address: 716 W 1ST STREET
City-St-Zip: SANFORD, FL 32771

Title: MGRM (X) Delete
Name: MURPHY, SEAN G
Address: 449 SUN LAKE CIRCLE APARTMENT 201
City-St-Zip: LAKE MARY, FL 32746

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: ELLIOT MURPHY MGRM 06/01/2009

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