2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090330

Entity Name: LSG SOFTWARE SOLUTIONS LLC

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

405 W. LOOP DR.

CAMARILLO, CA 93010

1153 EDGEWATER CIRCLE
BRADENTON, FL 34209

Current Mailing Address: New Mailing Address:

405 W. LOOP DR.
CAMARILLO, CA 93010

11411 E. LAS POSAS RD.
SANTA ROSA VALLEY, CA 93012

FEI Number: 22-3968020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

MANAGING MEMBERS/MANAGERS:

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

Electronic Signature of Registered Age

ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 GOTTLIEB, LEON S
 Name:
 GOTTLIEB, LEON S

 Address:
 405 W. LOOP DR.
 Address:
 11411 E. LAS POSAS RD.

 City-St-Zip:
 CAMARILLO, CA 93010
 City-St-Zip:
 SANTA ROSA VALLEY, CA 93012

Title: ST () Delete Title: MR. (X) Change () Addition

Name:GOTTLIEB, LEON SName:GOTTLIEB, LEON SAddress:405 W. LOOP DR.Address:11411 E. LAS POSAS RD.City-St-Zip:CAMARILLO, CA 93010City-St-Zip:SANTA ROSA VALLEY, CA 93012

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: LEON S. GOTTLIEB MR. 04/07/2009