

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000115609

**FILED  
Apr 26, 2011  
Secretary of State**

**Entity Name:** DATA INTEGRATION SOLUTIONS, LLC

**Current Principal Place of Business:**

5490 LEE STREET  
LEHIGH ACRES, FL 33971 US

**New Principal Place of Business:**

**Current Mailing Address:**

5490 LEE STREET  
LEHIGH ACRES, FL 33971 US

**New Mailing Address:**

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

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

WALLS, JEFFERY G  
5490 LEE STREET  
LEHIGH ACRES, FL 33971 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WALLS, JEFFERY G  
Address: 5490 LEE STREET  
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: MGRM  
Name: STOBAUGH, RICHARD  
Address: 5490 LEE STREET  
City-St-Zip: LEHIGH ACRES, FL 33971 US

I hereby 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: JEFFREY G WALLS

MGRM

04/26/2011

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