

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117208

FILED
Apr 01, 2009
Secretary of State

Entity Name: INTEGRATION SOFTWARE LLC

Current Principal Place of Business:

18902 PLACE MARQUETTE
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

PO BOX 21047
TAMPA, FL 336221047

New Mailing Address:

FEI Number: 30-0452907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, WAYNE
18902 PLACE MARQUETTE
LUTZ, FL 33558 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: LYNN, WAYNE
Address: 18902 PLACE MARQUETTE
City-St-Zip: LUTZ, FL 33558

Title: MGRM () Delete
Name: TRICORE, INC.,
Address: ONE WASHINGTON BLVD, SUITE 5
City-St-Zip: ROBBINSVILLE, NJ 08691

Title: MGRM (X) Delete
Name: CAUDLE, MELYNDA
Address: 4201 BEE CAVE ROAD, C-200
City-St-Zip: WEST LAKE HILLS, TX 78746

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: WAYNE LYNN

MGRM

04/01/2009

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