2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2009
Secretary of State

DOCUMENT# L08000018168

Entity Name: LAGVNES SOFTWARE SOLUTIONS LLC

Current Principal Place of Business:

15569 MIAMI LAKEWAY N. #105
MIAMI LAKES, FL 33014

New Principal Place of Business:

15569 MIAMI LAKEWAY N. #105
MIAMI LAKES, FL 33014 US

Current Mailing Address:

15569 MIAMI LAKEWAY N. #105
MIAMI LAKES, FL 33014

New Mailing Address:

15569 MIAMI LAKEWAY N. #105
MIAMI LAKES, FL 33014 US

FEI Number: 26-2027320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

CARRILLO, CARLOS
15569 MIAMI LAKEWAY N. #105
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

CARRILLO, CARLOS I
15569 MIAMI LAKEWAY N. #105
MIAMI LAKES, FL 33014 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: CARLOS CARRILLO 07/07/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CARRILLO, CARLOS
Address: 15569 MIAMI LAKEWAY N. #105
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CARRILLO, CARLOS I
Address: 15569 MIAMI LAKEWAY N. #105
City-St-Zip: MIAMI LAKES, FL 33014 US

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: CARLOS CARRILLO MR. 07/07/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date