

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000018168

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** LAGVNES SOFTWARE SOLUTIONS LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

CARRILLO, CARLOS I  
15569 MIAMI LAKEWAY N.  
105  
MIAMI LAKES, FL 33014 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  
**Name:** CARRILLO, CARLOS I  
**Address:** 15569 MIAMI LAKEWAY N. #105  
**City-St-Zip:** MIAMI LAKES, FL 33014 US

**Title:** MGRM  
**Name:** ROJO, RICHARD  
**Address:** 751 NE 4TH PLACE  
**City-St-Zip:** HIALEAH, FL 33010 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:** CARLOS CARRILLO

MR

01/05/2011

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