## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066439

Entity Name: ATHERION SOFTWARE LLC

CLERMONT, FL 34771 US

City-St-Zip:

FILED Jul 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8530 CYPRESS HOLLOW COURT SANFORD, FL 32771 **Current Mailing Address: New Mailing Address:** 8530 CYPRESS HOLLOW COURT SANFORD, FL 32771 FEI Number: 26-2947283 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: Name and Address of New Registered Agent: SOUTHWORTH, DAVID J 8530 CYPRESS HOLLOW COURT SANFORD, FL 32771 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SOUTHWORTH, DAVID J Name: Name: 8530 CYPRESS HOLLOW COURT Address: Address: SANFORD, FL 32771 US City-St-Zip: City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SOUTHWORTH, JAMIE E Name: Name: Address: 8530 CYPRESS HOLLOW COURT Address: City-St-Zip: SANFORD, FL 32771 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KRUSE, JAMES H JR. Name: Name: 8536 CYPRESS HOLLOW COURT Address: Address: City-St-Zip: SANFORD, FL 32771 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition CUSTER, ELIZABETH D Name: Name: Address: 8536 CYPRESS HOLLOW COURT Address: City-St-Zip: SANFORD, FL 32771 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition HENNE, MATTHEW P Name: Name: 18262 BRYANT ROAD Address: Address: City-St-Zip: LAKE OSWEGO, OR 97034 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition DRESCHER, LAWRENCE A III. Name: Name: Address: 12122 STILL MEADOW DRIVE Address:

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.

City-St-Zip:

SIGNATURE: DAVID J SOUTHWORTH MR. 07/20/2009