

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078367

FILED
Mar 25, 2009
Secretary of State

Entity Name: ROARK SOFTWARE CONSULTING, LLC

Current Principal Place of Business:

1650 PRESIDENTIAL WAY
APT. 404
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

1650 PRESIDENTIAL WAY
APT. 404
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

1650 PRESIDENTIAL WAY
APT. 406
WEST PALM BEACH, FL 33401 US

New Mailing Address:

1650 PRESIDENTIAL WAY
APT. 406
WEST PALM BEACH, FL 33401 US

FEI Number: 26-3214161

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: ROARK, SEAN
Address: 1650 PRESIDENTIAL WAY, APT. 404
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROARK, SEAN
Address: 1650 PRESIDENTIAL WAY, APT. 406
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MGR () Change (X) Addition
Name: ROARK, KRISTA
Address: 1650 PRESIDENTIAL WAY, APT. 406
City-St-Zip: WEST PALM BEACH, FL 33401 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: SEAN ROARK

MGRM

03/25/2009

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