

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000085118

Entity Name: DIGITAL CODES, LLC

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

3187 DUKE STREET
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

913 MCGUIRE COURT
TALLAHASSEE, FL 32303 US

Current Mailing Address:

3187 DUKE STREET
TALLAHASSEE, FL 32309 US

New Mailing Address:

913 MCGUIRE COURT
TALLAHASSEE, FL 32303 US

FEI Number: 26-3371520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMONDS, APRIL L
3187 DUKE STREET
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

ARDELEAN, SORIN
913 MCGUIRE COURT
TALLAHASSEE, FL 32303 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: SORIN ARDELEAN

03/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAMMONDS, APRIL L
Address: 3187 DUKE STREET
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: MGR () Delete
Name: GREENE, JACK
Address: 838 EAST JOHNSON STREET
City-St-Zip: MADISON, WI 53703 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARDELEAN, SORIN
Address: 913 MCGUIRE COURT
City-St-Zip: TALLAHASSEE, FL 32303 US

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: SORIN ARDELEAN

MGRM

03/16/2009

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