

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000091198

**FILED**  
**Mar 02, 2009**  
**Secretary of State**

**Entity Name:** SCHIESS & BALDWIN SOFTWARES, LLC

**Current Principal Place of Business:**

1700 N DIXIE HWY 128  
BOCA RATON, FL 33432

**New Principal Place of Business:**

301 YAMATO RD  
SUITE # 3160  
BOCA RATON, FL 33431

**Current Mailing Address:**

1700 N DIXIE HWY 128  
BOCA RATON, FL 33432

**New Mailing Address:**

301 YAMAT RD  
SUITE # 3160  
BOCA RATON, FL 33431

**FEI Number:** 26-3693112

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHIESS, MICHAEL E  
1700 N DIXIE HWY 128  
BOCA RATON, FL 33432 US

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

SCHIESS, MICHAEL E  
301 YAMATO RD  
SUITE # 3160  
BOCA RATON, FL 33431 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: MICHAEL E SCHIESS

03/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHIESS, MICHAEL E  
Address: 1700 N DIXIE HWY 128  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCHIESS, MICHAEL E  
Address: 301 YAMATO RD, SUITE 3160  
City-St-Zip: BOCA RATON, FL 33431

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: MICHAEL E SCHIESS

MGRM

03/02/2009

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