

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105368

FILED  
Jun 29, 2009  
Secretary of State

**Entity Name:** UNDERWOOD DATA SYSTEMS, LLC

**Current Principal Place of Business:**

830-13 A-1-A NORTH  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

830-13 A-1-A NORTH  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

FEI Number: 26-3721931      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

MERCIER, LEE F  
200 WEST FORSYTH STREET, SUITE 1100  
JACKSONVILLE, FL 32202 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: RIFFE, CRESTON C  
Address: 9624 DEER RUN DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM ( ) Change (X) Addition  
Name: UNDERWOOD, MICHAEL  
Address: 646 S 300E  
City-St-Zip: SALEM, UT 84653

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: CRESTON RIFFE

MGRM

06/29/2009

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