

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000114108

FILED
Sep 09, 2009
Secretary of State

Entity Name: DATA MANAGEMENT SYSTEMS LLC

Current Principal Place of Business:

5840 W CYPRESS ST
STE F
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

5840 W CYPRESS ST
STE F
TAMPA, FL 33607

New Mailing Address:

FEI Number: 26-3868651 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:

SPOOR, BRADLY W
5840 W CYPRESS ST
STE F
TAMPA, FL 33607 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: MGRM () Delete
Name: SPOOR, BRADLY W
Address: P O BOX 25197
City-St-Zip: TAMPA, FL 33622

Title: MGRM () Delete
Name: WELCH, SEAN J
Address: P O BOX 25197
City-St-Zip: TAMPA, FL 33622

Title: MGRM () Delete
Name: KAZMARK, RYAN D
Address: P O BOX 25197
City-St-Zip: TAMPA, FL 33622

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRADLY W. SPOOR

MRGM

09/09/2009

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