

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000045171

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** INTEGRATED MANAGEMENT SOFTWARE, LLC.

**Current Principal Place of Business:**

6215 BROOKSHIRE TER.  
FORT MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

6215 BROOKSHIRE TER.  
FORT MYERS, FL 33912 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

PIGNATTA, MARCELO C  
6215 BROOKSHIRE TER.  
FORT MYERS, FL 33912 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  
Name: PIGNATTA, MARCELO C  
Address: 6215 BROOKSHIRE TER.  
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM  
Name: BRUUN, MARIO A  
Address: 6215 BROOKSHIRE TER.  
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM  
Name: BORT, MARIO  
Address: 6215 BROOKSHIRE TER.  
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM  
Name: BERNAL QUINONEZ, MARIA G  
Address: 6215 BROOKSHIRE TER.  
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM  
Name: GRECO ALTEMBURGER, ARTURO E  
Address: 6215 BROOKSHIRE TER.  
City-St-Zip: FORT MYERS, FL 33912 US

I hereby 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: MARCELO PIGNATTA

MGRM

01/04/2011

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