

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000057091

**FILED**  
**Jun 01, 2011**  
**Secretary of State**

**Entity Name:** AUTISM DATA SYSTEMS, L.L.C.

**Current Principal Place of Business:**

3022 SW. LAKE TERRACE  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

4040 WALNUT CREEK TRL  
ALPHARETTA, GA 30005 US

**Current Mailing Address:**

3022 SW. LAKE TERRACE  
PALM CITY, FL 34990 US

**New Mailing Address:**

4040 WALNUT CREEK TRL  
ALPHARETTA, GA 30005 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUSCARELLA, RONALD A  
1700 EAST LAS OLAS BLVD, SUITE 207  
FT LAUDERDALE, FL 33301 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: ERTEL, CHRISTOPHER R  
Address: 4040 WALNUT CREEK TRL  
City-St-Zip: PALM CITY, FL 34990 US

Title: MGR  
Name: GOODMAN, CHARLES  
Address: 3022 SW. LAKE TERRACE  
City-St-Zip: ALPHARETTA, GA 30005

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: CHRISTOPHER R. ERTEL

MGRM

06/01/2011

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