

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000135216

Entity Name: NATIONAL DATA SUPPLY,LLC

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

970 LAKE CARILLON DRIVE  
300  
ST. PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

970 LAKE CARILLON DRIVE  
300  
ST. PETERSBURG, FL 33716

**New Mailing Address:**

FEI Number: 45-3913051

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DRAKE, JIM  
10870 49TH STREET NORTH  
CLEARWATER, FL 33762 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: MGR  
Name: DRAKE, JIM  
Address: 970 CARILLON DRIVE SUITE 300  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGR  
Name: DAVIES, DAIGA  
Address: 970 CARILLON DRIVE SUITE 300  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGR  
Name: HUNTER, GIL  
Address: 970 CARILLON DRIVE SUITE 300  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGR  
Name: FULTON, ILONA  
Address: 970 CARILLON DRIVE SUITE 300  
City-St-Zip: ST. PETERSBURG, FL 33716

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: GIL HUNTER

\_\_\_\_\_  
MANA

\_\_\_\_\_  
05/01/2012

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