



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY 10 PM 2:42

DOCUMENT # L9800000143			
1. Entity Name SOFTWARE SERVICES, L.C.			
Principal Place of Business 2921 W. CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309		Mailing Address 2921 W. CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	
2. Principal Place of Business - No P.O. Box		3. Mailing Address	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 85-0839039		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Requested <input type="checkbox"/>	
6. Name and Address of Current Registered Agent KESSLER, ELLIOT 4020 SHERIDAN STREET STE C HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____			
Filing Fee is \$50.00 Due by May 1, 2007		NAME/Address payable to: Florida Department of State	
MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM NARANG, MUKESH 2921 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Infomedia India Limited Ruby House "A" J.K. Sawant Marg, Dadar (West) Mumbai 400 028 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM NAMRATA, NARONG 2921 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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9. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my 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 register of trustee empowered to execute this report as required by Chapter 806, Florida Statutes.			
SIGNATURE: 		2/26/07	

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