

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90022 011 ****50.00

DOCUMENT # L98000000143



1. Entity Name
SOFTWARE SERVICES, L.C.

Principal Place of Business
**5100 W. COPANS ROAD, SUITE 500
MARGATE FL 33063**

Mailing Address
~~8010 W LEITNER DR
CORAL SPRINGS FL 33067~~

20024038



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

5100 W COPANS RD

Suite, Apt. #, etc.

SUITE 500

Suite, Apt. #, etc.

City & State

City & State
MARGATE FL

4. FEI Number **65-0839039**

Applied For
Not Applicable

Zip Country

Zip Country
33063

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KESSLER, ELLIOT
4020 SHERIDAN STREET
STE C
HOLLYWOOD FL 33021**

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NARANG, MUKESH 8010 W LEITNER DR CORAL SPRINGS FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5100 W, COPANS RD SUITE 500 MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NAMBATA, NARONG 8010 W LEITNER DR CORAL SPRINGS FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NARANG, NAMRATA 5100 W, COPANS ROAD SUITE 500 MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **1/29/03 (954) 623 3100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)