

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Jun 19, 2009
Secretary of State**

DOCUMENT# L98000001561

Entity Name: DIGITAL ASSURANCE CERTIFICATION LLC

Current Principal Place of Business:

390 N ORANGE AVE
SUITE 1750
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

390 N ORANGE AVE
SUITE 1750
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3536820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STUART, PAULA
390 N. ORANGE AVE., STE. 1750
STE. 1750
ORLANDO, FL 32801 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 () Delete
Name: STUART, PAULA
Address: 390 NORTH ORANGE AVE., SUITE 1750
City-St-Zip: ORLANDO, FL 32801

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SRVP () Change (X) Addition
Name: OLSEN, LISA D SR.-VP
Address: 390 NORTH ORANGE AVE., SUITE 1750
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PAULA STUART

MGR

06/19/2009

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