

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003683

FILED
Apr 29, 2008
Secretary of State

Entity Name: SYSTEM SOFT TECHNOLOGIES LLC

Current Principal Place of Business:

2600 MCCORMICK DR
SUITE#230
CLEARWATER, FL 33759

New Principal Place of Business:

Current Mailing Address:

2600 MCCORMICK DR
SUITE #230
CLEARWATER, FL 33759

New Mailing Address:

FEI Number: 59-3583134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VEERAMACHANENI, SREEDHAR
4327 COVE DR
PALM HARBOR, FL 34685 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 () Delete
Name: ARUNARANI, CHANUMOLU
Address: 4327 COVE DR
City-St-Zip: PALM HARBOR, FL 34685

Title: V.P () Delete
Name: VEERAMACHANENI, SREEDHAR
Address: 2600 MCCORMICK DR
City-St-Zip: CLEARWATER, FL 33759

Title: MGRM () Delete
Name: QUISH, THOMAS
Address: 4088 LIGUSTRUM DR
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES:

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

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

Title: V.P (X) Change () Addition
Name: CHEKURI, VENKAT
Address: 3660 KINGS RD, UNIT #103
City-St-Zip: PALM HARBOR, FL 34685

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: SREEDHAR VEERAMACHANENI

VP

04/29/2008

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