2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State
03-24-2004 90300 002 ****50.00

DOCUMENT # M03000002476

1. Entity Name
SOLID SOFTWARE LLC

Principal Place of Business	Mailing Address
4971 CAMBRIDGE BLVD. PALM HARBOR, FL 34685	PO BOX 431 RARITAN, NJ 08853

34002785

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. P.O. BOX 14		Suite, Apt. #, etc. PO Box 88278	
City & State Ozona FL		City & State ATLANTA, GA	
Zip 34660	Country	Zip 30356	Country USA

01232004 Chg-LLC CR2E063 (10/03)

4. FEI Number 45-0509792 ☐ Applied For ☐ Not Applicable

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
RAJI, FARZAD ~~4971 CAMBRIDGE BLVD.~~ 68 NORTH CANAL RD ~~PALM HARBOR, FL 34685~~ PALM HARBOR, FL 34684	Name RAJI, FARZAD Street Address (P.O. Box Number is Not Acceptable) 68 NORTH CANAL ROAD City PALM HARBOR FL Zip Code 34684

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 Farzad Raji 3-4-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAJI, FARZAD 4971 CAMBRIDGE BLVD. PALM HARBOR, FL 34685	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAJI, FARZAD 68 NORTH CANAL RD PALM HARBOR, FL 34684	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SONNIER, GARY 31 ARROWHEAD DR. NESHANIC STATION, NJ 08853	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SONNIER, GARY 1333 WITHAM DRIVE ATLANTA, GA 30338	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Gary Sonnier 3-4-04 6787870160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #