

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # M04000001069

1. Entity Name
E STREET SOFTWARE, LLC



Principal Place of Business
**1996 BEL AIR STAR PARKWAY
SARASOTA, FL 34240**

Mailing Address
**1996 BEL AIR STAR PARKWAY
SARASOTA, FL 34240**



04212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0783977

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NORTH, JOHN
1996 BEL AIR STAR PARKWAY
SARASOTA, FL 34240**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------------|
| TITLE | MGRM |
| NAME | NORTH, JOHN |
| STREET ADDRESS | 1996 BEL AIR STAR PARKWAY |
| CITY-ST-ZIP | SARASOTA, FL 34240 |
| TITLE | MGRM |
| NAME | NORTH, GARY |
| STREET ADDRESS | 1996 BEL AIR STAR PARKWAY |
| CITY-ST-ZIP | SARASOTA, FL 34240 |
| TITLE | MGRM |
| NAME | TALLEY, ANDREW |
| STREET ADDRESS | 500 N. STATE COLLEGE BLVD. #1030 |
| CITY-ST-ZIP | ORANGE, CA 92868 |

000000918248
05/13/08-80073-018 138.75

**DO NOT WRITE
IN THIS SPACE**

11. 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE John North JOHN NORTH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-21-08 941-379-4052
Date Daytime Phone #