

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

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

DOCUMENT # M04000005010

1. Entity Name

DATA MASONS SOFTWARE, LLC



Principal Place of Business

103 TRIPLE DIAMOND BLVD.
UNIT 1
NORTH VENICE FL 34275
US

Mailing Address

107 CEDAR FALLS TERRACE
SPARTA NJ 07871



2. Principal Place of Business - No P.O. Box #

103 Triple Diamond Blvd

3. Mailing Address

Suite, Apt. #, etc.
UNIT 1

City & State

North Venice, FL 34275

City & State

Zip Country

Zip 34275

Country US

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

56-2463032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE FL 32301-2960

7. Name and Address of New Registered Agent

Name

No Change

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

Glenn C. McPeak

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

(NOTE: Registered Agent signature required when re-registering)

4/21/08

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

U00000921072
05/14/08-80069-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME IRVINE, DAVID
STREET ADDRESS 193 WILLOW END WAY
CITY-ST-ZIP OSPREY FL 34229

TITLE MGRM ☐ Delete
NAME MCPEAK, GLENN
STREET ADDRESS 107 CEDAR FALLS TERRACE
CITY-ST-ZIP SPARTA NJ 07871

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Glenn C. McPeak

4/21/08

201-400-4844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Secretary of State