

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000259

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** SOFTWARE QUALITY ASSOCIATES, LLC

**Current Principal Place of Business:**

125 WHIPPLE STREET  
PROVIDENCE, RI 02908

**New Principal Place of Business:**

**Current Mailing Address:**

125 WHIPPLE STREET  
PROVIDENCE, RI 02908

**New Mailing Address:**

**FEI Number:** 05-0514745

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LASIEWSKI, MICHAEL  
4810 STORNOWAY DRIVE  
LAND O LAKES, FL 34638 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: CEO ( ) Delete  
Name: KELLY, NORMAN  
Address: 125 WHIPPLE STREET  
City-St-Zip: PROVIDENCE, RI 02908

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KELLY, NORMAN  
Address: 125 WHIPPLE STREET  
City-St-Zip: PROVIDENCE, RI 02908

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: NORMAN KELLY

MGR

04/28/2008

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