

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000003267

**FILED**  
**Mar 19, 2011**  
**Secretary of State**

**Entity Name:** INFORMATION SYSTEMS SPECIALISTS, LLC

**Current Principal Place of Business:**

16192 COASTAL HIGHWAY  
LEWES, DE 19958

**New Principal Place of Business:**

**Current Mailing Address:**

4235 MARSH LANDING BLVD  
#623  
JACKSONVILLE, FL 32250

**New Mailing Address:**

217 LA PASADA CIR E  
PONTE VEDRA BEACH, FL 32082

**FEI Number:** 20-2869564

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORROW, CATHERINE M  
4235 MARSH LANDING BLVD  
#623  
JACKSONVILLE, FL 32250 US

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

MORROW, CATHERINE M  
217 LA PASADA CIR E  
PONTE VEDRA BEACH, FL 32082 US

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: CATHERINE M. MORROW

03/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MORROW, CATHERINE M  
Address: 217 LA PASADA CIR E  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM  
Name: MORROW, SCOTT M  
Address: 217 LA PASADA CIR E  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby 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: CATHERINE M. MORROW

MGRM

03/19/2011

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