## 2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT (AR) FILED** May 03, 2007 08:00 AM Secretary of State DOCUMENT # M05000006634 1. Entity Name INFOBRIDGE SOFTWARE, LLC Principal Place of Business Mailing Address 5959 CENTRAL AVENUE 5959 CENTRAL AVENUE SUITE 103 SUITE 103 ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-3885669 Not Applicable Zip Country Ζıρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CUMBY, MICHAEL C Street Address (P.O. Box Number is Not Acceptable) 11460 NINTH STREET TREASURE ISLAND FL 33706 Zip Codo 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, typed or printed name of registered agent and life if apphicable (NOTE: Registered Agent signature required when reinstaling) CATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 1911 MGR ☐ Delete Change Addition NAMI CUMBY, MICHAEL C STREET ADDRESS STREET ADDRESS 11460 NINTH STREET CITY-SE-7IP TREASURE ISLAND FL 33706 CHY-SI-7P U00000759964 05/24/07-80062-1123gc50-1100ddlion HILL Delete NAMI LOH, CHA T STREET ADDRESS 199 CHARTWELL ROAD STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP OAKVILLE ON L6J3Z-7 ☐ Defete 1000 Chance ☐ Addition NAME. STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7IP DHE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CHY-S1-7/P Time ☐ Delete TITLE ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP HHE ☐ Delete HILE ☐ Change Addition NAME

11. I hereby certify that the information supplied with this lifting 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 each; that I am a managing member or manager of the limited liability company or the receiver or trustee expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS

CITY-ST-70P

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

STREET ADDRESS

CITY-ST-ZIP

04/27/2007 727-381-0015