

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000005191

**FILED**  
**Jul 07, 2011**  
**Secretary of State**

**Entity Name:** VANGUARD SOFTWARE GROUP, LLC

**Current Principal Place of Business:**

165 SABAL PALM DR. SUITE 131  
LONGWOOD, FL 32779

**New Principal Place of Business:**

195 WEKIVA SPRINGS ROAD  
SUITE 360  
LONGWOOD, FL 32779

**Current Mailing Address:**

165 SABAL PALM DR. SUITE 131  
LONGWOOD, FL 32779

**New Mailing Address:**

195 WEKIVA SPRINGS ROAD  
SUITE 360  
LONGWOOD, FL 32779

**FEI Number:** 20-2912509

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HILL, MARK  
165 SABAL PALM DR. SUITE 131  
LONGWOOD, FL 32779 US

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

HILL, MARK  
195 WEKIVA SPRINGS ROAD  
SUITE 360  
LONGWOOD, FL 32779 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:

07/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HILL, MARK  
Address: 516 RIDGE DR  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM  
Name: OSBORNE, LISA F  
Address: 25 SURF DR  
City-St-Zip: ST AUGUSTINE, FL 32086

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: MARK HILL

MGRM

07/07/2011

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