

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053447

Entity Name: ABSORB SOFTWARE NORTH AMERICA, LLC**Current Principal Place of Business:**14934 N FLORIDA AVE
TAMPA, FL 33613**Current Mailing Address:**14934 N FLORIDA AVE
TAMPA, FL 33613 US**FEI Number:** 20-1386041**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SIMNER, MARK
14934 N FLORIDA AVE
TAMPA, FL 33613 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	AMBR
Name	ABSORB SOFTWARE US HOLDINGS, INC.
Address	1011 9 AVE SE SUITE 275
City-State-Zip:	CALGARY AB - ALBERTA T2G 0H7

Title	CFO, COO
Name	MUSA, HEBA
Address	1011 9 AVE SE 275
City-State-Zip:	CALGARY ALBERTA T2G0H7

Title	CEO
Name	OWENS, MICHAEL
Address	1011 9 AVE SE SUITE 275
City-State-Zip:	CALGARY ALBERTA T2G0H7
Title	VP
Name	MUSA, HEBA
Address	1011 9 AVE SW 275
City-State-Zip:	CALGARY ALBERTA (CA) T2G0H7

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK SIMNER

CFO

07/13/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date