

State of California **Secretary of State**

STATEMENT OF INFORMATION

(Limited Liability Company)

Filing Fee \$20.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME (Please do not alter if name is preprinted.)

Montecito Software LLC

in the office of the Secretary of State of the State of California

OCT 0 9 2009

		This Space For Filing Use Only	
DUE DATE:			
FILE NUMBER AND STATE OR PLACE OF ORGANIZATION			
2 SECRETARY OF STATE FILE NUMBER	3 STATE OR PLACE OF ORGANIZA	HOIT	
200925910122	CA		
COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate	the name of the city. Items 4 and	5 cannot be P.O. Box	es)
4 STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY AND STATE		ZIP CODE
75494 Montecito Dr	Indian Wells, CA		92210
5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)	CITY	STATE	ZIP CODE
75494 Montecito Dr	Indian Wells	CA	92210
NAME AND COMPLETE ADDRESS OF THE CHIEF EXECUTIVE OF	FICER, IF ANY		
6 NAME ADDRESS	CITY AND STATE		ZIP CODE
Timothy Moore 75494 Montecito Dr	Indian Wells, CA	4	92210
NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MAI PROVIDE THE NAME AND ADDRESS OF EACH MEMBER (Attach a		E BEEN APPOIN	TED OR ELECTED.
7 NAME ADDRESS	CITY AND STATE		ZIP CODE
Timothy Moore 75494 Montecito Dr	Indian Wells, C	4	92210
8 NAME ADDRESS	CITY AND STATE		ZIP CODE
9 NAME ADDRESS	CITY AND STATE		ZIP CODE
AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the address. If the agent is a corporation, the agent must have on file with the California and Item 11 must be left blank.)			
10 NAME OF AGENT FOR SERVICE OF PROCESS			
Timothy Moore			
11 ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA IF AN INDIV		STATE	ZIP CODE
75494 Montecito Dr	Indian Wells	CA	92210
TYPE OF BUSINESS			
12 DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY			
This is LLC is a software development consultant.			
13 THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT			
TYPE OF DOUBLE OF DISPESON COMPLICATIONS THE FORM	SIGNATURE	CE()	10/L/09
TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM LLC-12 (REV 03/2007)	SIGNATURE		DATE BY SECRETARY OF STATE