

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119992

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** NETWORK SENSING TECHNOLOGIES, LLC

**Current Principal Place of Business:**

2110 LEWIS TURNER BLVD.  
FT. WALTON BEACH, FL 324571316 US

**New Principal Place of Business:**

1184 EGLIN PARKWAY  
SHALIMAR, FL 32579 US

**Current Mailing Address:**

2110 LEWIS TURNER BLVD.  
FT. WALTON BEACH, FL 324571316 US

**New Mailing Address:**

1184 EGLIN PARKWAY  
SHALIMAR, FL 32579 US

FEI Number: 20-8055073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CHALOUPKA, MICHAEL P  
2110 LEWIS TURNER BLVD.  
FT. WALTON BEACH, FL 325471316 US

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

CHALOUPKA, MICHAEL P  
1184 EGLIN PARKWAY  
SHALIMAR, FL 32579 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

04/06/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CHALOUPKA, DORALYN K  
Address: 1184 EGLIN PARKWAY  
City-St-Zip: SHALIMAR, FL 32579

Title: MGRM  
Name: CHALOUPKA, MICHAEL P  
Address: 1184 EGLIN PARKWAY  
City-St-Zip: SHALIMAR, FL 32579

Title: MGRM  
Name: HEIMAN, MICHAEL S  
Address: 1184 EGLIN PARKWAY  
City-St-Zip: SHALIMAR, FL 32579

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: MICHAEL P. CHALOUPKA

MBRM

04/06/2010

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