

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056826

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** NETWORK SUPPORT SPECIALISTS, LLC

**Current Principal Place of Business:**

4 AIDEN COURT  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

4 AIDEN COURT  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

BABER, LINDA  
4 AIDEN COURT  
PALM BEACH GARDENS, FL 33418    US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BABER, LINDA  
Address: 4 AIDEN COURT  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM  
Name: BABER, DAVID  
Address: 4 AIDEN COURT  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: LINDA BABER                      PRES                      02/17/2010

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