

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087545

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** NETCOMTEC, LLC.

**Current Principal Place of Business:**

4279 MAGNOLIA RIDGE DR  
WESTON, FL 33331

**New Principal Place of Business:**

15821 SW 61 ST  
DAVIE, FL 33331

**Current Mailing Address:**

4279 MAGNOLIA RIDGE DR  
WESTON, FL 33331

**New Mailing Address:**

18459 PINES BLV  
#118  
PEMBROKE, FL 33029

FEI Number: 26-3355489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SILVA'S ENTERPRISE, INC.  
5220 S UNIVERSITY DR  
SUITE C-102  
DAVIE, FL 33328 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 ( ) Delete  
Name: CRUZ, HEDY  
Address: 4279 MAGNOLIA RIDGE DR  
City-St-Zip: WESTON, FL 33331

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: HEDY CRUZ

MGR

04/28/2009

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