

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001379

Entity Name: NETCATALYTIX LLC

FILED
Feb 14, 2009
Secretary of State

Current Principal Place of Business:

515 SPRINGCREEK DR.
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

515 SPRINGCREEK DR.
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3631139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HESTER, RANDALL D
515 SPRINGCREEK DR.
LONGWOOD, FL 32779 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: MGRM () Delete
Name: HESTER, TRUMAN L JR.
Address: 515 SPRINGCREEK DR.
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM () Delete
Name: HESTER, RANDALL D
Address: 515 SPRINGCREEK DR.
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

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

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: TRUMAN L HESTER JR

MGRM

02/14/2009

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