

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019230

FILED  
Jan 14, 2008  
Secretary of State

**Entity Name:** SERVICE NET SOLUTIONS OF FLORIDA LLC

**Current Principal Place of Business:**

650 MISSOURI AVENUE  
JEFFERSONVILLE, IN 47130

**New Principal Place of Business:**

**Current Mailing Address:**

650 MISSOURI AVENUE  
JEFFERSONVILLE, IN 47130

**New Mailing Address:**

FEI Number: 30-0745238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEENAN, TIMOTHY J  
BLANK, MEENAN & SMITH, P.A.  
204 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301 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: MOSTOFI, JAMES E  
Address: 2406 GLENVIEW AVE  
City-St-Zip: LOUISVILLE, KY 40222

Title: MGR ( ) Delete  
Name: CALLAHAN, KEVIN M  
Address: 9904 GLEN VISTA DR  
City-St-Zip: PROSPECT, KY 40059

**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: JAMES E. MOSTOFI

MGR

01/14/2008

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