

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000119992

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC5901628675**

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

**Current Principal Place of Business:**

2004 LEWIS TURNER BLVD, STE #E  
FORT WALTON BEACH, FL 32547

**Current Mailing Address:**

2004 LEWIS TURNER BLVD SUITE E  
FORT WALTON BEACH, FL 32547 US

**FEI Number: 20-8055073**

**Certificate of Status Desired: Yes**

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

CHALOUPKA, MICHAEL P  
2004 LEWIS TURNER BLVD SUITE E  
FORT WALTON BEACH, FL 32547 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

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CHALOUPKA, DORALYN K  
Address 2004 LEWIS TURNER BLVD, STE #E  
City-State-Zip: FORT WALTON BEACH FL 32547

Title MGRM  
Name CHALOUPKA, MICHAEL P  
Address 2004 LEWIS TURNER BLVD, STE #E  
City-State-Zip: FORT WALTON BEACH FL 32547

Title MGRM  
Name HEIMAN, MICHAEL S  
Address 2004 LEWIS TURNER BLVD, STE #E  
City-State-Zip: FORT WALTON BEACH FL 32547

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL P CHALOUPKA**

**PRESIDENT**

**04/27/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date