

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000134095

**Entity Name:** NETWORK SERVICES UNLIMITED, LLC

**Current Principal Place of Business:**

150 SE 6 ROAD  
HOMESTEAD, FL 33030

**Current Mailing Address:**

POST OFFICE BOX 521179  
MIAMI, FL 33152 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MOREIRA, WALDO  
150 SE 6 ROAD  
HOMESTEAD, FL 33030 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            PRESIDENT  
Name            MOREIRA, WALDO  
Address        POST OFFICE BOX 521179  
City-State-Zip: MIAMI FL 33152

*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:** WALDO MOREIRA

**PRESIDENT**

**04/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date