

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000000388

**FILED**  
**Jan 04, 2005**  
**Secretary of State**

**Entity Name:** PEERLESS NETWORKS, LLC

**Current Principal Place of Business:**

5450 COUNTY RD. 581 #341  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 20394  
RALEIGH, NC 27619

**New Mailing Address:**

**FEI Number:** 52-2289735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CECCONI, PETER  
5450 COUNTY RD. 581 #341  
WESLEY CHAPEL, FL 33543 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/MEMBERS:**

Title: P ( ) Delete  
Name: CECCONI, PETER  
Address: 6312 LYNN MEADOW  
City-St-Zip: RALEIGH, NC 27609

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CECCONI, PETER  
Address: 6312 LYNN MEADOW  
City-St-Zip: RALEIGH, NC 27609

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** PETER CECCONI

MGR

01/04/2005

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