

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90255 001 ****50.00

DOCUMENT # L01000006237

1. Entity Name
NET CONNECTIONS L.L.C.



Principal Place of Business
**6700 CONROY-WINDERMERE ROAD
SUITE 250
ORLANDO, FL 32835**

Mailing Address
**6700 CONROY-WINDERMERE ROAD
SUITE 250
ORLANDO, FL 32835**

60048000



2. Principal Place of Business - No P.O. Box #
3197 Wix Myrtle Ct
Suite, Apt. #, etc.

3. Mailing Address
PO Box 618500
Suite, Apt. #, etc.

05012007 Chg-LLC CR2E083 (12/06)

City & State
Kissimmee FL

City & State
Orlando FL

Zip
34744

Country

Zip
32861

Country

4. FEI Number
59-3715164

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BUNNER, WILLIAM J
4849 WALDEN CIRCLE
ORLANDO, FL 32811**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3197 Wix Myrtle Ct

City
Kissimmee

FL

Zip Code
34744

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William Jay Bunner
William Jay Bunner

4/13/07

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	BUNNER, WILLIAM J	4849 WALDEN CIRCLE	ORLANDO, FL 32811	<input checked="" type="checkbox"/>
MGRM	SORG, ERIC A	6700 CONROY WINDERMERE ROAD, SUITE 250	ORLANDO, FL 32835	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		PO Box 618500	Orlando FL 32861	<input checked="" type="checkbox"/>
		PO Box 618500	Orlando FL 32861	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

William Jay Bunner
William Jay Bunner
4/13/07
407-484-1417