

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004323

FILED
Apr 30, 2009
Secretary of State

Entity Name: OPTICAL NETWORK SOLUTIONS, LLC

Current Principal Place of Business:

6185 DANNER DRIVE
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1049
TALLEVAST, FL 34270

New Mailing Address:

FEI Number: 04-3609262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORLICK, MICHAEL D
1314 EAST VENICE AVE.
SUITE D
VENICE, FL 34292 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: MGRM () Delete
Name: SMITH, LINDA C
Address: P. O. BOX 1049
City-St-Zip: TALLEVAST, FL 34270

Title: MGRM () Delete
Name: SMITH, JERALD H
Address: P. O. BOX 1049
City-St-Zip: TALLEVAST, FL 34270

Title: MGRM () Delete
Name: GRISWELL, CARL
Address: 4485 TENCH ROAD, SUITE 2321
City-St-Zip: SUWANEE, GA 30024 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINDA SMITH

MGRM

04/30/2009

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