

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90045 003 \*\*\*\*55.00

DOCUMENT # L02000032704

1. Entity Name

NET SOLUTIONS, L.L.C.



**DO NOT WRITE IN THIS SPACE**

10103148

2. Principal Place of Business

5621 Eleuthera Way  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 770562  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples, FL 34119  
Zip 34119 Country USA

City & State

Naples FL  
Zip 34107 Country USA

4. FEI Number

33-1034249

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Tom Conroy

Street Address (P.O. Box Number if Not Acceptable)

5621 Eleuthera Way

City

Naples FL

FL

Zip Code

34119

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

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

DATE

5-1-03

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME  
NAME Nestor Reyes  
STREET ADDRESS Same 5621 Eleuthera Way  
CITY-ST-ZIP Naples, FL 34119

TITLE NAME  
NAME Stacey Shaw  
STREET ADDRESS Same 5621 Eleuthera Way  
CITY-ST-ZIP Naples, FL 34119

TITLE NAME  
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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 #

5-1-03

235 565-8641

CR2ED83B (12/02)