

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000016650

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA TECHNICAL NETWORKING CENTER, LLC

**Current Principal Place of Business:**

3257 EAST HIGHWAY 90  
BONIFAY, FL 32425

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 810  
BONIFAY, FL 32425

**New Mailing Address:**

P.O. BOX 310  
BONIFAY, FL 32425

**FEI Number:** 02-0689527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COATES, MARTIN E  
3257 EAST HWY 90  
BONIFAY, FL 32425 US

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

COATES, STACEY  
3255 HWY 90  
BONIFAY, FL 32425 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:** STACEY COATES

04/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** COATES, STACEY  
**Address:** 3255 HWY 90  
**City-St-Zip:** BONIFAY, FL 32425 US

**Title:** VP  
**Name:** COATES, KYLE  
**Address:** 3255 HWY 90  
**City-St-Zip:** BONIFAY, FL 32425 US

I hereby 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:** STACEY COATES

MGR

04/28/2011

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