

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000033591

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Entity Name:** NETWORK RESOURCE GROUP, LLC

**Current Principal Place of Business:**

470 MANDALAY AVENUE  
SUITE # 304  
CLEARWATER BEACH, FL 33767

**New Principal Place of Business:**

**Current Mailing Address:**

470 MANDALAY AVENUE  
SUITE # 304  
CLEARWATER BEACH, FL 33767

**New Mailing Address:**

**FEI Number:** 27-0049340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WASHINKO, SHAWN G  
470 MANDALAY AVENUE  
SUITE # 304  
CLEARWATER BEACH, FL 33767 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  
**Name:** WASHINKO, SHAWN G  
**Address:** 470 MANDALAY AVENUE, # 304  
**City-St-Zip:** CLEARWATER BEACH, FL 33767

**Title:** CFO  
**Name:** WASHINKO, CARLA A  
**Address:** 6965 BONNER AVENUE  
**City-St-Zip:** CLEARWATER, FL 33761

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:** SHAWN G. WASHINKO

MGRM

01/20/2011

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