

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 10, 2008 8:00 am**  
**Secretary of State**

09-10-2008 90031 010 \*\*\*138.75

<b>DOCUMENT # L04000065929</b>					
<b>1. Entity Name</b> <b>NETRIX INFORMATION SERVICES LLC</b>					
<b>Principal Place of Business</b> 1700 N MONROE ST SUITE 11, #215 TALLAHASSEE, FL 32301			<b>Mailing Address</b> 1700 N MONROE ST SUITE 11, #215 TALLAHASSEE, FL 32301		
<b>2. Principal Place of Business - No P.O. Box #</b> 800 Ocala Rd		<b>3. Mailing Address</b> 800 Ocala Rd.			
Suite, Apt. #, etc. Suite 300-117		Suite, Apt. #, etc. Suite 300-117			
City & State Tallahassee, FL		City & State Tallahassee, FL			
Zip 32304	Country USA	Zip 32304	Country USA		
<b>4. FEI Number</b> 57-1211749				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  STOEV, ATANAS - 8251 QUEEN ANNA DRIVE TALLAHASSEE, FL 32317			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AVDJIEV, RADOSTIN 1700 N MONROE ST SUITE 11, #215 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 Ocala Rd, Suite 300-117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			8/20/08 9727625379		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		