

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068953

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: NETPIQUE LLC

**Current Principal Place of Business:**

391 PALM COAST PKWY SW  
#4  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**Current Mailing Address:**

391 PALM COAST PKWY SW  
#4  
PALM COAST, FL 32137 US

**New Mailing Address:**

FEI Number: 20-1685833      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CROTTY, KATHLEEN L  
1825 BUSINESS PARK BLVD.  
SUITE A  
DAYTONA BEACH, FL 32114 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: GINNANE, CHRISTOPHER  
Address: 195 FRONTIER DR  
City-St-Zip: PALM COAST, FL 32137 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: GINNANE, DAWN  
Address: 195 FRONTIER DR  
City-St-Zip: PALM COAST, FL 32137 US

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: CHRISTOPHER GINNANE

MGRM

04/14/2009

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