

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000007607**

1. Entity Name  
**PRESIDIUM NETWORK SERVICES, LLC**



Principal Place of Business  
**625 COMMERCE DRIVE  
SUITE 308  
LAKELAND, FL 33813-2733 0**

Mailing Address  
**625 COMMERCE DRIVE  
SUITE 308  
LAKELAND, FL 33813-2733 0**



03212008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4190707**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MCCLELLAN, WILLIAM F  
935 HAMILTON PLACE LANE  
LAKELAND, FL 33813**

**DO NOT WRITE  
IN THIS SPACE**

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 *William F. McClellan*  
Signature, typed or printed name of registered agent and title if applicable.

William F. McClellan  
(NOTE: Registered Agent signature required when reinstating)

3/21/08  
DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MCCLELLAN, WILLIAM F  
935 HAMILTON PLACE LANE  
LAKELAND, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
STEVENS, JEFFREY M  
715 JESSANDA CIRCLE  
LAKELAND, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
STEVENS, ROBIN D  
715 JESSANDA CIRCLE  
LAKELAND, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000876368  
04/11/08-80070-001 143.75

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: *Robin Stevens* Robin Stevens 3/21/08 863-619-5600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #