

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064107

Entity Name: NETGRID COMPUTING LLC

FILED  
Apr 22, 2008  
Secretary of State

## Current Principal Place of Business:

5144 CONROY RD, APT 1016  
ORLANDO, FL 32811 0

## New Principal Place of Business:

## Current Mailing Address:

5144 CONROY RD, APT 1016  
ORLANDO, FL 32811 0

## New Mailing Address:

FEI Number: 20-5153744

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANNEPUREDDY, VAMSEEDHAR R  
10245 DEVONSHIRE LAKE DR  
TAMPA, FL 33647 US

## Name and Address of New Registered Agent:

NAKKA, KRISHNA M  
5144 CONROY RD, APT 1016  
ORLANDO, FL 32811 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: KRISHNA M NAKKA

04/22/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ANNEPUREDDY, VAMSEEDHAR  
Address: 10245 DEVONSHIRE LAKE DR  
City-St-Zip: TAMPA, FL 33647

Title: MGRM (X) Delete  
Name: NAKKA, KRISHNA  
Address: 10245 DEVONSHIRE LAKE DR  
City-St-Zip: TAMPA, FL 33647

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: NAKKA, KRISHNA  
Address: 5144 CONROY RD #1016  
City-St-Zip: ORLANDO, FL 32811

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

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: KRISHNA M NAKKA

MGRM

04/22/2008

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