

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095964

Entity Name: INTERCONNECTION LLC

FILED  
Apr 18, 2009  
Secretary of State

**Current Principal Place of Business:**

1322 NW 106 ST  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

**Current Mailing Address:**

POBOX 358292  
GAINESVILLE, FL 32635 US

**New Mailing Address:**

FEI Number: 75-3223131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOROTKEVICH, SVETLANA Y  
1322 NW 106 ST  
GAINESVILLE, FL 32606 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: MGR ( ) Delete  
Name: KOROTKEVICH, SVETLANA Y  
Address: 1322 NW 106 ST  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MGRM ( ) Delete  
Name: LUKYANOV, INNA A  
Address: 13200 W. NEWBERRY RD J-50  
City-St-Zip: NEWBERRY, FL 32669 US

Title: MGRM ( ) Delete  
Name: LUKYANOV, ANASTASIA A  
Address: 1322 NW 106 ST  
City-St-Zip: GAINESVILLE, FL 32606 US

**ADDITIONS/CHANGES:**

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

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

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: SVETLANA Y KOROTKEVICH

MGR

04/18/2009

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