

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117372

FILED
Mar 28, 2009
Secretary of State

Entity Name: NATIONAL COMMUNICATIONS TECHNOLOGY CENTERS LLC

Current Principal Place of Business:

124 PINE ARBOR DR
ORLANDO, FL 32825

New Principal Place of Business:

9611 N US HWY 1
#162
SEBASTIAN, FL 32958

Current Mailing Address:

509 S CHICKASAW TRAIL
#161
ORLANDO, FL 32825

New Mailing Address:

9611 N US HWY 1
#162
SEBASTIAN, FL 32958

FEI Number: 20-8005663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, JAYME P
124 PINE ARBOR DR
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

WRIGHT, JAYME P
9611 N US HWY 1
#162
SEBASTIAN, FL 32958 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: JAYME P. WRIGHT

03/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WRIGHT, JAYME P
Address: 124 PINE ARBOR DR
City-St-Zip: ORLANDO, FL 32825

Title: MGR () Delete
Name: WRIGHT, GARY P
Address: 420 S. DEERWOOD AVE
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WRIGHT, JAYME P
Address: 9611 N US HWY 1, #162
City-St-Zip: SEBASTIAN, FL 32958

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: JAYME WRIGHT

MBR

03/28/2009

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