


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90077 018 ***143.75

DOCUMENT # L06000119992 1. Entity Name NETWORK SENSING TECHNOLOGIES, LLC					
Principal Place of Business 2110 LEWIS TURN BLVD. FT. WALTON BEACH, FL 32457-1316			Mailing Address 2110 LEWIS TURN BLVD. FT. WALTON BEACH, FL 32457-1316		
2. Principal Place of Business - No P.O. Box # 2110 LEWIS TURNER BLVD		3. Mailing Address 2110 LEWIS TURNER BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FT. WALTON BEACH FL		City & State FT. WALTON BEACH FL		4. FEI Number 208055073	
Zip 32547-1316		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CHALOUPKA, MICHAEL P 2110 LEWIS TURNER BLVD. FT. WALTON BEACH, FL 32547-1316			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>M Chaloupka</i></u> <i>MBR MBR President</i> 1/25/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHALOUPKA, DORALYN K 2110 LEWIS TURN BLVD. FT. WALTON BEACH, FL 324571316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2110 LEWIS TURNER BLVD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHALOUPKA, MICHEL P 2110 LEWIS TURN BLVD. FT. WALTON BEACH, FL 324571316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2110 LEWIS TURNER BLVD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEIMAN, MICHAEL S 2110 LEWIS TURN BLVD. FT. WALTON BEACH, FL 324571316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2110 LEWIS TURNER BLVD	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>M Chaloupka</i></u> <i>MBR MBR President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>1/25/08</u> Daytime Phone #: <u>850 226 4408</u>		