

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072199

Entity Name: NETWORK TELESIS, LLC

FILED  
Feb 03, 2009  
Secretary of State

## Current Principal Place of Business:

1752 PINE BAY DRIVE.  
LAKE MARY, FL 32746 US

## New Principal Place of Business:

1729 PINE BAY DRIVE.  
LAKE MARY, FL 32746 US

## Current Mailing Address:

P.O. BOX 952453  
LAKE MARY, FL 32795 US

## New Mailing Address:

PO BOX 950255  
LAKE MARY, FL 32795

FEI Number: 26-0510244

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARRETT, LESLIE  
1752 PINE BAY DRIVE  
LAKE MARY, FL 32746 US

## Name and Address of New Registered Agent:

GARRETT, LESLIE  
1729 PINE BAY DRIVE  
LAKE MARY, FL 32746 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:

02/03/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GARRETT, LESLIE  
Address: P.O. BOX 952453  
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM (X) Delete  
Name: GARRETT, ANDRE  
Address: P.O. BOX 952453  
City-St-Zip: LAKE MARY, FL 32795

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GARRETT, LESLIE  
Address: P.O. BOX 950255  
City-St-Zip: LAKE MARY, FL 32795 US

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: LESLIE GARRETT

RA

02/03/2009

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