

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099291

Entity Name: NETRIC SOLUTIONS LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

1035 W DORCHESTER DR.
ST JOHNS, FL 322596285

New Principal Place of Business:

1035 W DORCHESTER DR.
ST JOHNS, FL 32259

Current Mailing Address:

1035 W DORCHESTER DR.
ST JOHNS, FL 322596285

New Mailing Address:

1035 W DORCHESTER DR.
ST JOHNS, FL 32259

FEI Number: 41-2253730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORNACKI, TIMOTHY D
1785 LAKEMONT CIRCLE
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

KORNACKI, TIMOTHY D
1035 W. DORCHESTER DR.
ST. JOHNS, FL 32259 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:

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KORNACKI, TIMOTHY D
Address: 1035 W DORCHESTER DR.
City-St-Zip: ST JOHNS, FL 322596285

Title: MGRM () Delete
Name: BLAIR, KORNACKI M
Address: 1035 W DORCHESTER DR.
City-St-Zip: ST JOHNS, FL 322596285

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KORNACKI, TIMOTHY D
Address: 1035 W DORCHESTER DR.
City-St-Zip: ST JOHNS, FL 32259

Title: MGRM (X) Change () Addition
Name: BLAIR, KORNACKI M
Address: 1035 W DORCHESTER DR.
City-St-Zip: ST JOHNS, FL 32259

Title: MGRM () Change (X) Addition
Name: HART, EDWARD H
Address: 5359 STAFFORD CIRCLE
City-St-Zip: PACE, FL 32571

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: TIMOTHY D. KORNACKI

MGRM

04/16/2009

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