

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099291

Entity Name: NETRIC SOLUTIONS LLC

FILED  
May 02, 2010  
Secretary of State

**Current Principal Place of Business:**

1035 W DORCHESTER DR.  
ST JOHNS, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

1035 W DORCHESTER DR.  
ST JOHNS, FL 32259

**New Mailing Address:**

450-106 STATE RD 13 NORTH  
# 178  
ST JOHNS, FL 32259

FEI Number: 41-2253730      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

KORNACKI, TIMOTHY D  
1035 W. DORCHESTER DR.  
ST. JOHNS, FL 32259      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: MGRM  
Name: KORNACKI, TIMOTHY D  
Address: 1035 W DORCHESTER DR.  
City-St-Zip: ST JOHNS, FL 32259

Title: MGRM  
Name: HART, EDWARD H  
Address: 5359 STAFFORD CIRCLE  
City-St-Zip: PACE, FL 32571

I hereby 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

05/02/2010

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