

L 07000104086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

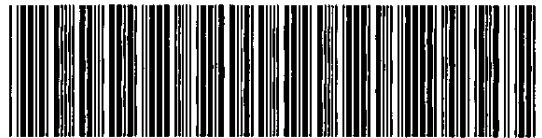
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TALLAHASSEE, FLORIDA

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T. HAMPTON  
NOV 26 2008  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Network Extreme LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Conemac  
(Name of Person)

Network Extreme  
(Firm/Company)

12431 Sophiamarie Loop  
(Address)

Orlando, FL. 32828  
(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Conemac at (772) 224-9419  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 NOV 25 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 12, 2008

CHRIS CONEMAC  
12431 SOPHIAMARIE LOOP  
ORLANDO, FL 32828

SUBJECT: NETWORK EXTREME, LLC  
Ref. Number: L07000104086

We have received your document for NETWORK EXTREME, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 908A00056920

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Network Extreme LLC

2. (a) Principal office address of limited liability company: 12431 Sophiamarie Loop  
(Note: **MUST BE STREET ADDRESS**) Orlando FL 32828

(b) Mailing address of limited liability company: 12431 Sophiamarie Loop  
(Note: **MAY BE POST OFFICE BOX**) Orlando FL 32828

Oct 12, 2007

3. Date of filing/registration in Florida

L07000104086

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Corporation Service Company

Registered Office Address:

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301 US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Chris Conemac

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

12431 Sophiamarie Loop  
Orlando, FL 32828

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
(Signature of a member or authorized representative of a member)

Chris Conemac  
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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NOV 25 A 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA