

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105874

Entity Name: NET CONVERSION, LLC

FILED  
Mar 10, 2009  
Secretary of State

**Current Principal Place of Business:**

4138 GRANT BLVD  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

4138 GRANT BLVD  
ORLANDO, FL 32804

**New Mailing Address:**

FEI Number: 26-1260738

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FITZGERALD, RYAN T  
4138 GRANT BLVD  
ORLANDO, FL 32804 US

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

FITZGERALD, RYAN T RA  
4138 GRANT BLVD  
ORLANDO, FL 32804 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: RYAN T FITZGERALD

03/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VERTOLLI, FRANK S  
Address: 2318 S. SUMMERLIN AVE  
City-St-Zip: ORLANDO, FL 32806

Title: MGRM ( ) Delete  
Name: FITZGERALD, RYAN T  
Address: 4138 GRANT BLVD  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VERTOLLI, FRANK S MGRM  
Address: 2318 S. SUMMERLIN AVE  
City-St-Zip: ORLANDO, FL 32806

Title: MGRM (X) Change ( ) Addition  
Name: FITZGERALD, RYAN T MGRM  
Address: 4138 GRANT BLVD  
City-St-Zip: ORLANDO, FL 32804

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: RYAN T FITZGERALD

MGRM

03/10/2009

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