2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# L07000113592

Entity Name: NETSPOTS, LLC

Current Principal Place of Business:

9062 DUPONT PLACE
WELLINGTON, FL 33414

New Principal Place of Business:

2732 SHAUGHNESSY DRIVE
WELLINGTON, FL 33414

Current Mailing Address:

9062 DUPONT PLACE
WELLINGTON, FL 33414

New Mailing Address:

2732 SHAUGHNESSY DRIVE
WELLINGTON, FL 33414

FEI Number: 33-1203871 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARDEN, RUTH
9062 DUPONT PLACE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

ARDEN, RUTH
2732 SHAUGHNESSY DRIVE
WELLINGTON, FL 33414 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: 02/05/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ARDEN, DANE
Address: 9062 DUPONT PLACE
City-St-Zip: WELLINGTON, FL 33414

Title: MGR ( ) Delete
Name: ARDEN, RUTH
Address: 9062 DUPONT PLACE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ARDEN, DANE
Address: 2732 SHAUGHNESSY DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM (X) Change ( ) Addition
Name: ARDEN, RUTH
Address: 2732 SHAUGHNESSY DRIVE
City-St-Zip: WELLINGTON, FL 33414

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: RUTH ARDEN MGRM 02/05/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date