

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000115408

Entity Name: RNS NETWORK, LLC

FILED  
Apr 06, 2012  
Secretary of State

**Current Principal Place of Business:**

18806 NARIMORE DRIVE  
LAND O' LAKES, FL 34638

**New Principal Place of Business:**

**Current Mailing Address:**

18806 NARIMORE DRIVE  
LAND O' LAKES, FL 34638

**New Mailing Address:**

18806 NARIMORE DR  
LAND O LAKES, FL 34638

FEI Number: 32-0222162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HENSEL, RONALD A  
18806 NARIMORE DRIVE.  
LAND O' LAKES, FL 34638 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: MGR  
Name: HENSEL, RONALD A  
Address: 18806 NARIMORE DRIVE  
City-St-Zip: LAND O' LAKES, FL 34638

Title: MGRM  
Name: HENSEL, SONJA M  
Address: 18806 NARIMORE DRIVE  
City-St-Zip: LAND O' LAKES, FL 34638

Title: MGR  
Name: HENSEL, RONALD A  
Address: 18806 NARIMORE DR  
City-St-Zip: LAND O LAKES, FL 34638

Title: MGR  
Name: HENSEL, RONALD A  
Address: 18806 NARIMORE DR  
City-St-Zip: LAND O LAKES, FL 34638

Title: MGR  
Name: HENSEL, RONALD A  
Address: 18806 NARIMORE DR  
City-St-Zip: LAND O LAKES, FL 34638

Title: MGR  
Name: HENSEL, RONALD A  
Address: 18806 NARIMORE DR  
City-St-Zip: LAND O LAKES, FL 34638

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: RONALD A. HENSEL

MGR

04/06/2012

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