

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031482

Entity Name: NE.COM, LLC

FILED
Jul 28, 2009
Secretary of State

Current Principal Place of Business:

2015 S TUTTLE AVE
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

2015 S TUTTLE AVE
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 98-0574970 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:

Name and Address of New Registered Agent:

IMWORLD SERVICES, INC.
424 E CENTRAL BLVD
106
ORLANDO, FL 32801 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEMETHNE, IREN N
Address: DEAK FERENC UT 13.
City-St-Zip: NYIREGYHAZA, HUNGARY, HU 4400 HU

Title: MGRM () Delete
Name: NEMETH, GABOR
Address: DEAK FERENC UT 13.
City-St-Zip: NYIREGYHAZA, HUNGARY, HU 4400 HU

Title: MGRM () Delete
Name: NEMETH, LASZLO
Address: DEAK FERENC UT 13.
City-St-Zip: NYIREGYHAZA, HUNGARY, HU 4400 HU

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GABOR NEMETH

MGRM

07/28/2009

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