

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000049689

**FILED**  
**Nov 10, 2010**  
**Secretary of State**

**Entity Name:** NET SYNERGY VIRTUAL SOLUTIONS LLC

**Current Principal Place of Business:**

4446 AMBERLY OAKS CT  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

4446 AMBERLY OAKS CT  
TAMPA, FL 33614 US

**New Mailing Address:**

FEI Number: 26-2631114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MORANCIE, CHRISTFORD S  
4446 AMBERLY OAKS CT  
TAMPA, FL FL 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: CHRISTFORD MORANCIE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MORANCIE, CHRISTFORD S  
Address: 4446 AMBERLY OAKS CT  
City-St-Zip: TAMPA, FL 33614 US

Title: MGR  
Name: MORANCIE, DAGMA O  
Address: 4446 AMBERLY OAKS CT  
City-St-Zip: TAMPA, FL 33614 US

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: CHRISTFORD MORANCIE

MGR

11/10/2010

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