

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000061895

Entity Name: NACS SOLUTIONS LLC

**FILED**  
**May 11, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1190 CHARLOTTA ST  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

11498 SW FIELDSTONE WAY  
PORT SAINT LUCIE, FL 34987

**New Mailing Address:**

FEI Number: 27-0502208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AGARWAL, ANKUR  
11498 SW FIELDSTONE WAY  
PORT SAINT LUCIE, FL 34987 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: HENEHAN, NATHAN B  
Address: 1190 CHARLOTTA ST  
City-St-Zip: FORT PIERCE, FL 34982

Title: MGR  
Name: AGARWAL, ANKUR  
Address: 11498 SW FIELDSTONE WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34987

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: NATHAN HENEHAN

MGR

05/11/2010

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