

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90092 013 ****50.00

DOCUMENT # L99000003005

1. Entity Name
NETWORKX, L.L.C.



Principal Place of Business
831 NORTH MONROE STREET
TALLAHASSEE, FL 32303

Mailing Address
831 NORTH MONROE STREET
TALLAHASSEE, FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122005 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3580043

Applied For
Not Applied

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, TOM III
831 N MONROE ST2
TALLAHASSEE, FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☒ Delete
NAME LYNCH, TOM
STREET ADDRESS 831 NORTH MONROE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME FONTELA, LUCIA P
STREET ADDRESS 831 N. MONROE ST.
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGMR ☐ Delete
NAME ALLEN, TOM III
STREET ADDRESS 831 NORTH MONROE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME SMITH, DOUGLAS W
STREET ADDRESS 831 NORTH MONROE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Lucia P. Fontela