

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90333 001 \*\*\*\*55.00

**DOCUMENT # M04000005566**

1. Entity Name  
**NETEAM SYSTEMS SOUTHEAST, LLC**



Principal Place of Business  
**4125 HIGHLANDER PARKWAY  
SUITE 400  
RICHFIELD, OH 44286**

Mailing Address  
**4125 HIGHLANDER PARKWAY  
SUITE 400  
RICHFIELD, OH 44286**

**60047450**



2. Principal Place of Business - No P.O. Box #

**791 WYE RD**

Suite, Apt. #, etc.

3. Mailing Address

**791 WYE RD**

Suite, Apt. #, etc.

04302007 Chg-LLC CR2E083 (12/06)

City & State  
**AKRON, OH**

City & State  
**AKRON, OH**

4. FEI Number  
**20-1951977**

Applied For  
Not Applicable

Zip  
**44333**

Country  
**US**

Zip  
**44333**

Country  
**US**

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

6. Name and Address of Current Registered Agent

**HL STATUTORY AGENT, INC.  
3301 BONITA BEACH ROAD #308  
BONITA SPRINGS, FL 34134**

7. Name and Address of New Registered Agent

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, 2007**

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

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WYE INVESTMENTS, LLC  
791 WYE ROAD  
AKRON, OH 44333** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P, D  
S. MATTHEW MEYERSON  
791 WYE RD  
AKRON, OH 44333** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR M  
ROBERT F. MEYERSON  
791 WYE RD  
AKRON, OH 44333** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S, T  
ELINOR M. CULOTTA  
791 WYE RD  
AKRON, OH 44333** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
ADAM H. MEYERSON  
791 WYE RD  
AKRON, OH 44333** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
H. CHARLES KESSLER III  
791 WYE RD  
AKRON, OH 44333** ☐ Change ☒ Addition

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**ELINOR CULOTTA, S.T.**

**4/30/07**

**330-666-6380**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #