

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000933

FILED  
Apr 29, 2012  
Secretary of State

**Entity Name:** NATIONAL GROWTH MANAGEMENT, LLC

**Current Principal Place of Business:**

1140 NE 163RD STREET,  
SUITE 28  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

1140 NE 163RD STREET,  
SUITE 28  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 48-1265926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NG, MANWARD T  
1140 NE 163RD STREET,  
SUITE 28  
NORTH MIAMI BEACH, FL 33162 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: MGRM  
Name: NG, MANWARD  
Address: 1140 NE 163 STREET, SUITE 28  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM  
Name: NG, MANTIC  
Address: 1140 NE 163 STREET, SUITE 28  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM  
Name: NG, DAVID  
Address: 1140 NE 163 STREET, SUITE 28  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM  
Name: NG, DORIS  
Address: 1140 NE 163 STREET, SUITE 28  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM  
Name: NG, MANSON  
Address: 1140 NE 163 STREET, SUITE 28  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: DORIS NG

MGRM

04/29/2012

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