

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050992

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** NARS OF DELAWARE, LLC

**Current Principal Place of Business:**

2634 SOPHIA COURT  
GREEN COVES SPRINGS, FL 32043

**New Principal Place of Business:**

1726 KINGSLEY AVE SUITE 28  
ORANGE PARK, FL 32073

**Current Mailing Address:**

2634 SOPHIA COURT  
GREEN COVES SPRINGS, FL 32043

**New Mailing Address:**

1726 KINGSLEY AVE SUITE 28  
ORANGE PARK, FL 32073

FEI Number: 20-2897265

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 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 ( ) Delete  
Name: WILLIAMSON, MIKE  
Address: 2634 SOPHIA CT  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP ( ) Delete  
Name: WALKER, J.R.  
Address: 1726 KINGSLEY AVE, SUITE 28  
City-St-Zip: ORANGE PARK, FL 32073

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: J.R. WALKER JR

VP

01/15/2009

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