

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000033898

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** CD NIMBUS, LLC

**Current Principal Place of Business:**

1300 PARK OF COMMERCE BLVD  
STE 200  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

7601 N. FEDERAL HWY  
STE 125B  
BOCA RATON, FL 33487

**Current Mailing Address:**

1300 PARK OF COMMERCE BLVD  
STE 200  
DELRAY BEACH, FL 33445

**New Mailing Address:**

P.O. BOX 6428  
DELRAY BEACH, FL 33482

**FEI Number:** 26-2415947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERT LEE SHAPIRO, P.A.  
2401 PGA BLVD  
STE 272  
PALM BEACH GARDENS, FL 33410 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: CABELA, CHAZ  
Address: P.O. BOX 6428  
City-St-Zip: DELRAY BEACH, FL 33482

Title: MGRM  
Name: CABELA, DONA  
Address: P.O. BOX 6428  
City-St-Zip: DELRAY BEACH, FL 33482

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: DONA CABELA

MGRM

04/19/2011

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