

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90050 022 ****50.00

DOCUMENT # L02000027946					
1. Entity Name NSQUARE, LLC					
Principal Place of Business 1910 HARDEN BLVD SUITE 105 LAKELAND, FL 33803			Mailing Address PO BOX 92536 LAKELAND, FL 33804		
2. Principal Place of Business		3. Mailing Address 1910 Harden Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 105			
City & State		City & State Lakeland, FL			
Zip	Country	Zip 33803	Country	4. FEI Number 22-3877968	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TRITTON, ROB 1910 HARDEN BLVD. SUITE 105 LAKELAND, FL 33803			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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRITTON, ROBERT J JR 8000 GLENRIDGE LP.W. LAKELAND, FL 33809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☒ Addition ☐ 506 W. Maxwell St. 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWELBERG, GRAYDON 519 MCDONALD STREET LAKELAND, FL 33803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARLETON, JAMES G III 1059 HIDDEN DR. LAKELAND, FL 33809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'BRIEN, JOSEPH J 712 LOUISE DR LAKELAND, FL 33803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4-19-06 863-688-4505 Date Daytime Phone #		