2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L07000014497

Entity Name: NSBC GROUP, LLC

Current Principal Place of Business:

4401 SHERIDAN STREET
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

4401 SHERIDAN STREET
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 20-8413524 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SRITRAKUL, NARIN
5524 MCKINLEY STREET
HOLLYWOOD, FL 330214641 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:	MGR	( ) Delete
Name:	SRITRAKUL, NARIN	
Address:	5524 MCKINLEY STREET	
City-St-Zip:	HOLLYWOOD, FL 330214641	
Title:	MGR	( ) Delete
Name:	SUPNITHADNAPORN, BUSARAPORN	
Address:	1811 N 50TH AVE	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	MGR	( ) Delete
Name:	YOOPRASERTCHAI, PAVEENA	
Address:	1441 N 68 TERRACE	
City-St-Zip:	HOLLYWOOD, FL 33024	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: NARIN SRITRAKUL MGR 04/29/2009

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