

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000000933

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 48-1265926

**Certificate of Status Desired:** No

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

NG, MANWARD T  
1140 NE 163RD STREET,  
SUITE 28  
NORTH MIAMI BEACH, FL 33162 US

*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

**Authorized Person(s) Detail :**

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

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

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

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

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

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MANWARD NG

**MGRM**

**04/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date