

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000057500

**Entity Name:** NBM ENTERPRISES LLC

**Current Principal Place of Business:**

3466 GULFMEAD DRIVE  
SARASOTA, FL 34242

**Current Mailing Address:**

P. O. BOX 15947  
SARASOTA, FL 34277 US

**FEI Number:** 20-2993969

**Certificate of Status Desired:** No

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

GILLIAM, TERRANCE  
3466 GULFMEAD DRIVE  
SARASOTA, FL 34242 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 NBM ENTERPRISES LLC  
Address P. O. BOX 15947  
City-State-Zip: SARASOTA FL 34277

*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:** TERRANCE A. GILLIAM

**MANAGING MEMBER**

**02/14/2019**

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

\_\_\_\_\_ Date