

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000123541

**Entity Name:** NS WP 53, LLC

**Current Principal Place of Business:**

17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

PO BOX 2399  
TOA BAJA, PR 00951 PR

**FEI Number:** 66-0809040

**Certificate of Status Desired:** No

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

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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 MGR  
Name SHUB, SENDER  
Address PO BOX 2399  
City-State-Zip: TOA BAJA PR 00951

Title MGR  
Name MENDA, NELSON  
Address PO BOX 2399  
City-State-Zip: TOA BAJA PR 00951

*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: SENDER SHUB**

**MANAGER**

**02/28/2018**

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

\_\_\_\_\_  
Date