

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000116451

**Entity Name:** SAXON NSB, LLC

**Current Principal Place of Business:**

2932 OBERLIN AVE  
ORLANDO, FL 32804

**Current Mailing Address:**

2932 OBERLIN AVE  
ORLANDO, FL 32804 US

**FEI Number:** 47-4513598

**Certificate of Status Desired:** No

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

HODOVAL, LINDA L  
2932 OBERLIN AVE  
ORLANDO, FL 32804 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 AMBR  
Name BROADBENT, DUSTIN B  
Address 2932 OBERLIN AVE  
City-State-Zip: ORLANDO FL 32804

Title AMBR  
Name BROADBENT, CHANDRA E  
Address 2932 OBERLIN AVE  
City-State-Zip: ORLANDO FL 32804

Title AUTHORIZED REPRESENTATIVE  
Name HODOVAL, LINDA L  
Address 2932 OBERLIN AVE  
City-State-Zip: ORLANDO FL 32804

*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:** LINDA HODOVAL

**REGISTERED AGENT**

**02/08/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date