

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000108688

**Entity Name:** NSB MANAGEMENT LLC

**Current Principal Place of Business:**

4201 S ATLANTIC AVE  
APT 103  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

PO BOX 545  
NEW SMYRNA BEACH, FL 32170

**FEI Number:** 81-4980202

**Certificate of Status Desired:** No

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

SEWARD, MICHAEL B  
4201 S ATLANTIC AVE  
APT 103  
NEW SMYRNA BEACH, FL 32169 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            AR  
Name            SEWARD, MICHAEL B  
Address        4201 S ATLANTIC AVE, APT 103  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title            AR  
Name            SEWARD, DARLENE J  
Address        800 NORTH STREET  
City-State-Zip: NEW SMYRNA BEACH FL 32168

*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:** MICHAEL SEWARD

AR

02/07/2024

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

\_\_\_\_\_  
Date