

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004263

Entity Name: N.D.C., L.L.C.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

C/O EDWARD K. CHEFFY, ESQ.
821 5TH AVE. SOUTH #201
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

C/O PISTNER
10 SEAGATE DR PH-1-N
NAPLES, FL 341032469

New Mailing Address:

FEI Number: 59-3640244

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PISTNER ASSOCIATES, INC.
C/O EDWARD K. CHEFFY, ESQ.
821 5TH AVE. SOUTH #201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PISTNER ASSOCIATES,, INC.
Address: 821 5TH AVE. SOUTH #201
City-St-Zip: NAPLES, FL 34102

Title: CEO () Delete
Name: PISTNER, STEPHEN L
Address: 821 5TH AVE. SOUTH #201
City-St-Zip: NAPLES, FL 34102

Title: CFO () Delete
Name: PISTNER, PATRICIA J
Address: 821 5TH AVE. SOUTH #201
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STEPHEN L. PISTNER

CEO

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date