

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90048 025 ****50.00

DOCUMENT # L00000004759

1. Entity Name
595 N. NOVA, LLC



Principal Place of Business
595 N. NOVA ROAD
ORMOND BEACH, FL 32174

Mailing Address
200 E. GRANADA BLVD.,
#200
ORMOND BEACH, FL 32176

60060001



01182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3711271

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SELBY, DWIGHT
200 E. GRANADA BLVD.,
#200
ORMOND BEACH, FL 32176

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SELBY, DWIGHT C
STREET ADDRESS 200 E. GRANADA BLVD., #200
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Dwight C. Selby

3/21/06

Date

386-238-4456

Daytime Phone #