


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



03062007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3711271	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_

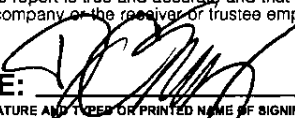
**Filing Fee is \$50.00 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SELBY, DWIGHT C 200 E. GRANADA BLVD., #200 ORMOND BEACH, FL 32176
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 04/17/07-80053-013 50.00

**DO NOT WRITE 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:**  Dwight C. Selby 4-3-07 386-238-4456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #