2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005571

1. Entity Name

NISRAH INVESTMENTS, LLC

FILED

01 OCT 26 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~12160 COBBLESTONE DR. STE 5~~ BAYONET POINT FL 34667	~~12160 COBBLESTONE DR. STE 5~~ BAYONET POINT FL 34667

Same Address:

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12304 Northwinder Row	12304 Northwinder Row
Suite, Apt. #, etc. Bayonet Point, FL	Suite, Apt. #, etc. Bayonet Point, FL
City & State	City & State
Zip 34667 Country PASCO, USA	Zip 34667 Country USA

4. FEI Number 61-00-053420-82-3 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARSIN, JOSEPH A
~~7555 ABBOTT COURT~~
~~NEW PORT RICHEY FL 34654~~ S.S# 590-28-2020

7. Name and Address of New Registered Agent

Name Joseph A. Harsin
Street Address (P.O. Box Number is Not Acceptable) 12304 Northwinder Row
City Bayonet Point FL Zip Code 34667

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.

SIGNATURE Joseph A. Harsin (signature) 10/22/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
~~Make Check Payable to Department of State~~
Due By September 26, 2001

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-11/06/01--01003--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MICHELLE MORGAN-HARSIN 12160 COBBLESTONE DR., #5 BAYONET POINT, FL 34667 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED (signature) 9/6/01 727-868-3144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (5/01)