

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L00000013369

1. Entity Name

NILMAR, LLC



FILED

2005 APR -7 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4436 BOUGAINVILLE DRIVE
LAUDERDALE BY THE SEA FL 33308-3613

Mailing Address

4436 BOUGAINVILLE DRIVE
LAUDERDALE BY THE SEA FL 33308-3613

2. Principal Place of Business

255 Imperial Lane

Suite, Apt. #, etc.

3. Mailing Address

255 Imperial Lane

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

Lauderdale By The Sea, FL

City & State

Lauderdale By The Sea FL

4. FEI Number

65-1052314

Applied For

Not Applicable

Zip

33308-5924

Country

USA

Zip

33308-5924

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MERKIN, STEWART A
444 BRICKELL AVE., STE. 300
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PMGR PIOTROWSKI, MAREK
255 IMPERIAL LANE
FORT LAUDERDALE FL 33308 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SMGR THORELL, NILS E
255 IMPERIAL LANE
FORT LAUDERDALE FL 33308 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
100054110291
05/09/05--01065--012 **50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/04/05 954-478045

Date

Daytime Phone #