

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90025 022 \*\*\*\*50.00

DOCUMENT # L00000013369

1. Entity Name

NILMAR, LLC



Principal Place of Business

255 IMPERIAL LANE  
LAUDERDALE BY THE SEA FL 33308-5924  
US

Mailing Address

255 IMPERIAL LANE  
LAUDERDALE BY THE SEA FL 33308-5924  
US



2. Principal Place of Business

6261 N.E. 19th Avenue

3. Mailing Address

6261 N.E. 19th Avenue

Suite, Apt. #, etc.

APT # 1205

Suite, Apt. #, etc.

APT # 1205

1st MOORE

CR2E083 (10/05)

City & State

FORT LAUDERDALE

City & State

FORT LAUDERDALE

4. FEI Number

65-1052314

Applied For

Not Applicable

Zip

FL 33308

Country

BROWARD

Zip

FL 33308

Country

BROWARD

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]*

MAREK PIOTROWSKI / MANAGER

03/03/06

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, 2006**

9. MANAGING MEMBERS / MANAGERS

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

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

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
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STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

10. ADDITIONS / CHANGES

TITLE: PMGR  
NAME: PIOTROWSKI, MAREK  
STREET ADDRESS: 6261 N.E. 19th Ave, Apt. # 1205  
CITY-ST-ZIP: FORT LAUDERDALE, FL 33308 ☒ Change ☐ Addition **ADDS**

TITLE: SMGR  
NAME: THORELL, NILS E.  
STREET ADDRESS: 6261 N.E. 19th Ave, Apt. # 1205  
CITY-ST-ZIP: Fort Lauderdale FL 33308 ☒ Change ☐ Addition **ADDS**

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*

MAREK PIOTROWSKI / MANAGER

03/03/06

954-9280615