FILED

## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## Jul 22, 2003 8:00 am **Secretary of State** DOCUMENT # L01000013965 07-22-2003 90038 024 \*\*\*\*55.00 N.A.P. HOLDINGS GROUP, LLC Principal Place of Business Mailing Address AATTOTA P.O. BOX 7166 2959 OCEANS TRACE DAYTONA BEACH FL 32216 DAYTONA BEACH SHORES FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 04-3712308 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAOLINO, ADAM Street Address (P.O. Box Number is Not Acceptable) 2959 OCEANS TRACE **DAYTONA BEACH SHORES FL 32118** Zip Code The purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the obligations of registered SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. TITLE ☐ Delete TITLE Change Addition NAME PAOLMO, ADAM NAME STREET ADDRESS STREET ADDRESS 2959 OCEANS TRACE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118 TITLE ☐ Delete TITLE Change Addition NAMÉ NAME STREET-ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with the 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 dustree in powered to execute this report as equired by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF