

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90016 020 \*\*\*\*50.00

**DOCUMENT # L01000020317**

1. Entity Name  
**NAND, L.L.C.**



Principal Place of Business

**1501 SOUTH STREET  
LEESBURG FL 34748**

Mailing Address

**C/O BUSINESS COUNSELING SERVICES INC  
P.O. BOX 1807  
OCALA FL 34478**

2. Principal Place of Business

3. Mailing Address

**3504 STARFISH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FRUITLAND PARK FL**

Zip

Country

Zip

Country

**34731**

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **69-3755848**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMIN, MAHANDRAKUMAR  
03504 STARFISH AVE.  
FRUITLAND PARK FL 34731**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/19/03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM AMIN, MAHANDRA 03504 STARFISH AVE. FRUITLAND PARK FL 34731</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

**03/19/03**

**352-728-6824**

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

Date

Daytime Phone #

CR2E083 (10/02)