2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2003 8:00 am Secretary of State

DOCUMENT # L02000002826 1. Entity Name N.A.L. ENTERPRISES, LLC						04-14-200	03 90747 ()20 ****	50.00	
Principal Place of Business Mailing Address				1	1					
2483 PINE FOREST ROAD CANTONMENT FL 32533		2483 PINE FOREST ROAD CANTONMENT FL 32533								
Control	re verso	ordiforment ve decor				Kun an aang uasa aani ba	Je do žel doli 20 11	D 19 01 77 (0.1190 (1.	DIR 8115 1581	
2. Principal Place of Business		3. Mailing Address			-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number 43 - 1952 · 428 Applied For Not Applicable					
Zip Country		Zip Count		ntry	5 Cortificate of Status Decired S5.00 Additional			<u>'</u>		
6. Name and Address of Current I		Partietered Asset	<u> </u>	<u> </u>	7. Name and Address of New Registered Agent				d	-
	· · · · · · · · · · · · · · · · · · ·	radistated Washit		Name	7. Name 8	ING ADDIESS OF NEW	uedistered vi	Jent		1
LEWIS, NELSON JR. 2483 PINE FOREST ROAD				Street Address (P.O. Box Number is Not Acceptable)				·		-
	TONMENT FL 32533			ļ		·				-{ ` ` `
1				City		· -	FL	Zip Cod	6	-
8. The above	named entity submits this statement for	the purpose of changing it	s register	ed office or registe	ered agent, or	both, in the State of F	·	miliar with,	and accept	-
	ions of registered agent.				•	-				
SIGNATURE .	Signature, typed or printed name of registered agent is	nd site if applicable. (NO	TE: Registere	ed Agent Rignature require	od when reinstating)		DATE			
		FILE N	OWIII	FEE IS \$50.00						1
		Make Check Payab	le to Fl	orida Departme			•			ŀ
				ay 1, 2003						
9.	MANAGING MEMBE		10.			ADDITIONS	/CHANGES	Change	☐ Addition	18
TITLE NAME	LEWIS, NELSON JR.	☐ Delete	TITE.	•				Citarige	Addition	CR2E083 (10/02)
STREET ADDRESS	2483 PINE FOREST ROAD		1	ET ADDRESS						8
CITY-ST-ZIP	CANTONMENT FL 32533		━	-ST-ZIP		<u> — </u>				123 120 120 120 120 120 120 120 120 120 120
TITLE	,	☐ Delete	TITU N am	J				Change	Addition	5
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CITY-ST-ZIP	·		CITY	-ST-ZIP	•					
TITLE		☐ Delete	TITLE	1				Change	Addition	
NAME "STREET ADDRESS"	·		NAM	ET ADDRESS					-	<u> </u>
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STREET ADDRESS				ET ADDRESS					•	
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TITLE		☐ Delete	TITLE	,			[Change	Addition	
NAME STREET ADDRESS			NAMI STRE	ET ADORESS						}
CITY-ST-ZIP				-ST-ZIP						}
11. I hereby c	ertify that the information supplied with	this filing does not qualify fo	the exer	mption stated in Se	ection 119.07(3)(i), Florida Statutes.	I further certify	that the in	formation	1
indicated list	on this report is true and accurate and to	Hat my signature shall have	report as	required by Chao	riade under oa ter 608. Floridi	un; unau i am a mana(a Statutes	jing member	a inanager	Ol tries	ſ

indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under cath; 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: ALGORITHME OF STATE OF STATE

4-/0-03

850 937-6682

Daytime Phone #