FILED
Aug 22, 2003 8:00 am
Secretary of State

04-07-2003 90763 017 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000004307

1. Entity Name
NAP CONSULTING, LLC

55054753

[redacted]

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
5551 N.W. 112TH AVE., STE. 106 MIAMI, FL 33178	5551 N.W. 112TH AVE., STE. 106 MIAMI, FL 33178

2. Principal Place of Business	3. Mailing Address
1097 BLUEWOOD TERR	1097 BLUEWOOD TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON	City & State: WESTON
Zip: FL Country: 33327	Zip: FL Country: 33327

4. FEI Number 04-3614450 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., STE. 125
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name: CSABA SZENTPETERY

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

1097 BLUEWOOD TERRACE

City: WESTON FL Zip Code: 33327

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: _____ CSABA SZENTPETERY $39 8/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

Make Checks 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	MGR SZENTPETERY, CSABA 5551 N.W. 112TH AVE., STE. 106 MIAMI, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SZENTPETERY, CSABA 1097 BLUEWOOD TERR WESTON, FL 33327	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$39	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: _____ CSABA SZENTPETERY 8/15/03 954.888-9250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #