2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 09, 2006 8:00 am Secretary of State

DOCUMENT # L0200006077 1. Entity Name NONI ENTERPRISES, LLC					06-09-2006 90136 011 ****50.00	
528 RIVERA	ce of Business ISLE DALE, FL 33301	Mailing Address 528 RIVERA ISLE FT. LAUDERDALE, FL 33301				
2. Principal P	Place of Business	3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			05232006 Chg-LLC CR2E083 (11/05)	
City & State		City & State	City & State		4. FEI Number Applied For Not Applied For Not Applicable	
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired Status Desired Fee Required	
	6. Name and Address of Current	Registered Agent	egistered Agent Name		7. Name and Address of New Registered Agent	
PEARSON	•		1		- 200 Decision in the Association	
528 RIVER FT. LAUDE	RA ISLE ERDALE, FL 33301		1	Street Augress	s (P.O. Box Number is Not Acceptable)	
,			I			
<u> </u>				City	FL Zip Code	
	e named entity submits this statement for tions of registered agent.	or the purpose of changing it	ts registere	ed office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE						
SIGNATOR -	Signature, typed or printed name of registered agent	and title if applicable. (NO)TE: Registerer	d Agent signature requir	tred when reinstating) DATE	
Filing Fee is \$50.00 Due by September 6, 2006					Make check payable to Florida Department of State	
9.	MANAGING MEMBE		10.	 -	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS	MGRM PEARSON, NINA 528 RIVERA ISLE	☐ Delete	TITLE NAMI STRE	į.	€ Change	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301			-ST-ZIP		
TITLE		☐ Delete	TITLE	I .	Change Addition	
NAME STREET ADDRESS	1		STRE	EET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE NAME]-	Delete	TITLE	- -	. Change Addition	
STREET ADDRESS			STRE	EET ADDRESS		
CITY-ST-ZIP		C Dolate	GITY-	'-ST-2IP	☐ Change ☐ Addition	
TITLE NAME		☐ Deleta	NAME	IE	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1			EET ADORESS '-ST-ZIP		
IIILE		☐ Delete	TITLE		Change Addition	
NAME			NAME	IE .		
STREET ADDRESS CITY-ST-ZIP				EET ADORESS '- ST-ZIP		
TITLE		☐ Defete	TITLE	- 1	☐ Change ☐ Addition	
NAME STREET ADDRESS	1		NAMÉ STRE	EET ADORESS		
CITY-ST-ZIP			•	-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that, fly 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 repeiver outrustee empowered to execute this report as required by Chapter 608, Florida Statutes.						
-:	///a/TT	T WIT	7,	~ /	•	
SIGNAL	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME DE SIGNATU MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Prone I					