

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000007695

1. Entity Name  
NACIRFA, LLC



**FILED**

07 JUL -5 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
211 WALLIS STREET  
TALLAHASSEE, FL 32301

Mailing Address  
211 WALLIS STREET  
TALLAHASSEE, FL 32301

BK

2. Principal Place of Business - No P.O. Box #  
3400 Gallant Fox Trail  
Suite, Apt. #, etc.

3. Mailing Address  
3400 Gallant Fox Trail  
Suite, Apt. #, etc.

City & State  
Tallahassee, FL  
Zip 32309 Country

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Tallahassee, FL  
Zip 32309 Country

07052007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
65-1177564

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

OWUSU, YAW A  
211 WALLIS STREET  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name  
OWUSU, YAW A  
Street Address (P.O. Box Number is Not Acceptable)  
3400 Gallant Fox Trail  
City Tallahassee FL Zip Code 32309

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by September 14, 2007

BK

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME OWUSU, YAW A  
STREET ADDRESS 3400 GALLANT FOX TR  
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE MGRM ☐ Delete  
NAME OWUSU, ABENAA A  
STREET ADDRESS 211 WALLIS STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE MGRM ☐ Delete  
NAME HOUSTON, THEODORE  
STREET ADDRESS 211 WALLIS STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE MGRM ☐ Delete  
NAME HOUSTON, SARAH  
STREET ADDRESS 211 WALLIS STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE MGRM ☐ Delete  
NAME RIVERS, CLARENCE  
STREET ADDRESS 211 WALLIS STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE MGRM ☐ Delete  
NAME RIVERS, DOROTHY  
STREET ADDRESS 211 WALLIS STREET  
CITY-ST-ZIP TALLAHASSEE, FL 32301

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300105869463  
CITY-ST-ZIP 07/10/07--01039--026 \*\*\*55.00

TITLE MGRM ☒ Change ☐ Addition  
NAME OWUSU, ABENAA A  
STREET ADDRESS 3400 Gallant Fox Trail  
CITY-ST-ZIP Tallahassee FL 32309

TITLE MGRM ☒ Change ☐ Addition  
NAME Houston, Theodore  
STREET ADDRESS 3400 Gallant Fox Trail  
CITY-ST-ZIP Tallahassee, FL 32309

TITLE MGRM ☒ Change ☐ Addition  
NAME Houston, Sarah  
STREET ADDRESS 3400 Gallant Fox Trail  
CITY-ST-ZIP Tallahassee, FL 32309

TITLE MGRM ☒ Change ☐ Addition  
NAME Rivers, Clarence  
STREET ADDRESS 3400 Gallant Fox Trail  
CITY-ST-ZIP Tallahassee, FL 32309

TITLE MGRM ☒ Change ☐ Addition  
NAME Rivers, Dorothy  
STREET ADDRESS 3400 Gallant Fox Trail  
CITY-ST-ZIP Tallahassee, FL 32309

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 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:

*Yaw A Owusu*

7/05/07

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

Date

Daytime Phone #