

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000007695

1. Entity Name
NACIRFA, LLC



FILED

07 NOV 21 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900112489123

11/21/07--01013--002 **200.00



Principal Place of Business
3400 GALLANT FOX TRAIL
TALLAHASSEE, FL 32309

Mailing Address
3400 GALLANT FOX TRAIL
TALLAHASSEE, FL 32309

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11212007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
65-1177564

Applied For
Not Applicable

Zip

Country

Zip

Country

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

OWUSU, YAW A
3400 GALLANT FOX TRAIL
TALLAHASSEE, FL 32309

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	OWUSU, YAW A	
STREET ADDRESS	3400 GALLANT FOX TR	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	OWUSU, ABENAA A	
STREET ADDRESS	3400 GALLANT FOX TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	HOUSTON, THEODORE	
STREET ADDRESS	3400 GALLANT FOX TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	HOUSTON, SARAH	
STREET ADDRESS	3400 GALLANT FOX TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RIVERS, CLARENCE	
STREET ADDRESS	3400 GALLANT FOX TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RIVERS, DOROTHY	
STREET ADDRESS	3400 GALLANT FOX TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Nov. 21, 2007

Date

Daytime Phone #