

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013690

Entity Name: N.A.K., LLC

FILED  
May 07, 2006  
Secretary of State

**Current Principal Place of Business:**

416 BLACK OAK LANE  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

416 BLACK OAK LANE  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

FEI Number: 04-3676075      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

VALENZI, JOSEPH  
416 BLACK OAK LANE  
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JOSEPH VALENZI,  
Address: 416 BLACK OAK LANE  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM ( ) Delete  
Name: DOROTHY, KELLY VALENZI  
Address: 416 BLACK OAK LANE  
City-St-Zip: ORMOND BEACH, FL 32174 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH VALENZI

MGRM

05/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date