

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015756

Entity Name: NO-RUSH, L.L.C.

FILED
Apr 16, 2008
Secretary of State

Current Principal Place of Business:

10220 N.W. 50TH STREET
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

10220 N.W. 50TH STREET
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 56-2394524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, PATRICK J
540 N.E. 8TH ST 2A
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

ROSSITTO, JESSICA L
10220 NW 50TH ST
SUNRISE, FL 33351 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: JESSICA ROSSITTO

04/16/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RUSH, KENNETH P
Address: 10220 N.W. 50TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: MGR () Delete
Name: NOVICK, PETER
Address: 11800 G OLD GEORGETOWN RD., APT. 1108
City-St-Zip: N. BETHESDA, MD 20852

Title: MGR () Delete
Name: WILSON, DEAN
Address: 10220 NW 50TH STREET
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES:

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

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 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: KEN RUSH

MGR

04/16/2008

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