

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90307 046 \*\*\*\*55.00

DOCUMENT # L02000034305

1. Entity Name

NSFB, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

900 North Federal Hwy.

Suite, Apt. #, etc.  
Suite 410

City & State  
Boca Raton, Florida

Zip Country  
33432 USA

3. Mailing Address

900 North Federal Hwy.

Suite, Apt. #, etc.  
Suite 410

City & State  
Boca Raton, Florida

Zip Country  
33432 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

16-1647114

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Zedek, Leonard E. ESQ

Leonard E. Zedek P.A.

Street Address (P.O. Box Number is Not Acceptable)  
13790 NW 4th Street

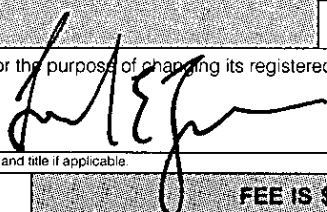
Suite 113

City Sunrise

FL

Zip Code  
33325

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

4/16/03

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME Leonard H. Gross  
STREET ADDRESS 18100 Royal Tree Parkway  
CITY-ST-ZIP Naples, Florida 34114

TITLE MGR  
NAME Ashley B. Bloom  
STREET ADDRESS 900 North Federal Hwy. Ste. 410  
CITY-ST-ZIP Boca Raton, Florida 33432

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

Leonard E. Zedek 4/21/03 954-467-7277

CR2E083B (12/02)