## 2004 LIMITED LIABILITY COMPANY

## Aug 18, 2004 8:00 am **ANNUAL REPORT (AR)** Secretary of State **DOCUMENT # L03000004386** 1. Entity Name 08-18-2004 90078 050 \*\*\*\*50.00 N.L.I. CONSTRUCTION, LLC Principal Place of Business Mailing Address 18 BUTTERMILL DRIVE 18 BUTTERMILL DRIVE 24080101 PALM COAST FL 32137 PALM COAST FL 32137 Principal Place of Business 3. Mailing Address 4601E. CR2E083 (4/04) Applied For 4. FEI Number Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name POZNYAK, LEONID---- -Street Address (P.O. Box Number is Not Acceptable) 18 BUTTERMILL DRIVE PALM COAST FL 32137 City Žip 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, typed or printed name of registered agent and titled applicable. (NOTE: Registered Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004 ? ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. BILE MGR TITLE Change Addition □ Delete POZNYAK, LEONID NAME NAME STREET ADDRESS STREET ADDRESS 18 BUTTERMILL DR. CITY-ST-ZIP PALM COAST FL 32137 CITY-ST-ZIP MGR Delete TITLE TITLE ☐ Change ■ Addition MISLAVSKY, NIKOLAY NAME NAME STREET ADDRESS 13 WINDSONG COVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FLAGLER BEACH FL 32136 ☐ Change . Addition . TITLE ☐ Delete TITLE NAME POZNYAK, IGOR NAME STREET ADDRESS STREET ADDRESS 18 BUTTERMILL DRIVE CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.