## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020642

Entity Name: NILLA SHEILDS, LLC

FILED Apr 27, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

C/O DUPONT PUBLISHING, INC. 3051 TECH DR. ST. PETERSBURG, FL 33716

**New Mailing Address: Current Mailing Address:** 

C/O DUPONT PUBLISHING, INC. 3051 TECH DR. ST. PETERSBURG, FL 33716

FEI Number: 57-1172270 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

**BUSINESS FILINGS INCORPORATED** 660 EAST JEFFERSON STREET

3051 TECH DRIVE TALLAHASSEE, FL 32301 ST. PETERSBURG, FL 33716 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.

DUPONT, THOMAS L

SIGNATURE: THOMAS L. DUPONT 04/27/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGR ( ) Delete Title: () Change () Addition

DUPONT, THOMAS Name: Name: Address: 3051 TECH DR. Address: City-St-Zip: ST. PETERSBURG, FL 33716 City-St-Zip:

Title: Title: MGRM ( ) Change (X) Addition () Delete

Name: Name: CHAPMAN, STEVEN B Address: Address: 3051 TECH DRIVE ST. PETERSBURG, FL 33716 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS L. DUPONT 04/27/2005