

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024966

Entity Name: NBD HOLDINGS, LLC

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

28411 RACE TRACK ROAD
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

28411 RACE TRACK ROAD
BONITA SPRINGS, FL 34135

New Mailing Address:

PO BOX 368377
BONITA SPRINGS, FL 34136 US

FEI Number: 30-0191907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MUCCI, MARK S
5561 N. UNIVERSITY DRIVE
STE 102
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: LAMB, JOSEPH K SR
Address: 2203 IMPERIAL GOLF COURSE BLVD
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: LAMB, JOSEPH K JR
Address: 5181 PALMETTO WOODS DRIVE
City-St-Zip: NAPLES, FL 34119

Title: MGR () Delete
Name: MUCCI, MARK S
Address: 5561 N. UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

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: JOSEPH K LAMB SR

MGR

03/27/2009

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