

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Aug 30, 2004 8:00 am
Secretary of State

08-04-2004 90062 024 ****50.00

DOCUMENT # L03000031890 1. Entity Name NU BEGINNINGS, LLC					
Principal Place of Business 7858 CANYON LAKE CIRCLE ORLANDO, FL 32835			Mailing Address 7858 CANYON LAKE CIRCLE ORLANDO, FL 32835		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 56-2394065				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SOMMER, ERIC H. 20 NORTH ORANGE AVENUE ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 8-2-04 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALTERS, HANTON 7858 CANYON LAKE CIRCLE ORLANDO, FL 32835 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTERS, TRACEY 7858 CANYON LAKE CIRCLE ORLANDO, FL 32835 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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.					
SIGNATURE:			7-27-04 (407) 491-9044 DATE DAYTIME PHONE #		