

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034699

Entity Name: NORTHERN LIGHTS LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

2355 SALZEDO STREET
SUITE 202
CORAL GABLES, FL 33134 US

New Principal Place of Business:

3491 NW 167TH ST
MIAMI GARDENS, FL 33056 US

Current Mailing Address:

2355 SALZEDO STREET
SUITE 202
CORAL GABLES, FL 33134 US

New Mailing Address:

3491 NW 167TH ST
MIAMI GARDENS, FL 33056 US

FEI Number: 45-0526187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROSSET, RODOLPHE
4804 BILTMORE DRIVE
CORAL GABLE, FL 33146 US

Name and Address of New Registered Agent:

GROSSET, RODOLPHE
3491 NW 167TH ST
MIAMI GARDENS, FL 33056 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.

SIGNATURE: RODOLPHE GROSSET

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOUAIX,
Address: 147 RUE CARDINET
City-St-Zip: PARIS, FR 75017 FR

Title: MGR () Delete
Name: GROSSET, RODOLPHE
Address: 4804 BILTMORE DRIVE
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: GROSSET, RODOLPHE
Address: 3491 NW 167TH ST
City-St-Zip: MIAMI GARDENS, FL 33056 US

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: RODOLPHE GROSSET

MGR

04/29/2008

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