2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90017 043 ***138.75

DOCUMENT # L03000042386

1. Entity Name
NOEL NASSAU, LLC

Principal Place of Business
17262 RIVER ISLE CIRCLE
JACKSONVILLE FL 32226

Mailing Address
17262 RIVER ISLE CIRCLE
JACKSONVILLE FL 32226

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #
14709 Howard Rd
Suite, Apt. #, etc.
City & State: Bryceville, FL
Zip: 32009 Country: USA

3. Mailing Address
Suite, Apt. #, etc: 14709 Howard Road
City & State: Bryceville, FL
Zip: 32009 Country: USA

4. FEI Number 43-2034676 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PERPALL, LEON A III
17262 RIVER ISLE CIRCLE
JACKSONVILLE FL 32226

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 14709 Howard Road
City Bryceville FL Zip Code 32009

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 [signature] 1-24-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	S	☐ Delete
NAME	PERPALL, SHAWNA B	
STREET ADDRESS	17262 RIVER ISLE CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	P	☐ Delete
NAME	PERPALI III, LEON A	
STREET ADDRESS	17262 RIVER ISLE CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 [signature] 1-24-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #