

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90029 035 \*\*\*\*50.00

DOCUMENT # L03000043450

1. Entity Name

NG SERVICES, LLC



**DO NOT WRITE IN THIS SPACE**

**24039916**

2. Principal Place of Business

875 Concourse Parkway

Suite, Apt. #, etc.

Suite 150

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Maitland, FL

City & State

4. FEI Number

20-0381538

Applied For

Not Applicable

Zip

32751

Country

US

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Thomas R. Burns, Esq.

Street Address (P.O. Box Number is Not Acceptable)

875 Concourse Parkway S, Suite 150

City

Maitland

FL

Zip Code  
32751

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

**3/16/04**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Alan H. Ginsburg  
875 Concourse Parkway S, Suite 150  
Maitland, FL 32751

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Gene Harris  
875 Concourse Parkway S, Suite 150  
Maitland, FL 32751

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

CR2E083B (12/02)