

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 A
Secretary of State

DOCUMENT # L03000052998

1. Entity Name
N & S COMMERCIAL GROUP, LLC



Principal Place of Business
**290 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880**

Mailing Address
**290 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880**



01312007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0495428

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPANJERS, CRAIG M
290 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

CRAIG M. SPANJERS 2-19-07

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
NAME **NOLEN, J. M**
STREET ADDRESS **290 CYPRESS GARDENS BOULEVARD**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE **MGRM**
NAME **SPANJERS, GLORIA J**
STREET ADDRESS **290 CYPRESS GARDENS BOULEVARD**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE **MGRM**
NAME **SPANJERS, CRAIG M**
STREET ADDRESS **290 CYPRESS GARDENS BOULEVARD**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

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U000000644699
03/02/07-80055-001 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CRAIG M. SPANJERS 863-944-7598

2-19-07