2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

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Entity Name: N & S COMMERCIAL GROUP, LLC

Current Principal Place of Business:

290 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

290 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880

New Mailing Address:

PO BOX 7481
WINTER HAVEN, FL 33883

FEI Number: 20-0495428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NOLEN, J. M
Address: 290 CYPRESS GARDENS BOULEVARD
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM ( ) Delete
Name: SPANJERS, GLORIA J
Address: 290 CYPRESS GARDENS BOULEVARD
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM ( ) Delete
Name: SPANJERS, CRAIG M
Address: 290 CYPRESS GARDENS BOULEVARD
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NOLEN, J. M
Address: PO BOX 1439
City-St-Zip: WINTER HAVEN, FL 33882

Title: MGRM (X) Change ( ) Addition
Name: SPANJERS, GLORIA J
Address: PO BOX 7481
City-St-Zip: WINTER HAVEN, FL 33883

Title: MGRM (X) Change ( ) Addition
Name: SPANJERS, CRAIG M
Address: PO BOX 7481
City-St-Zip: WINTER HAVEN, FL 33883

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: CRAIG M. SPANJERS MGR. 04/02/2009

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