# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 14, 2005**
**Secretary of State**

DOCUMENT# L03000053320

**Entity Name:** NSN LLC

**Current Principal Place of Business:**

5927 WYOMING STREET
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

2640 WOODPOINTE DR
HOLIDAY, FL 34691

**Current Mailing Address:**

5927 WYOMING STREET
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

2640 WOOD POINTE DR
HOLIDAY, FL 34691

**FEI Number: 83-0379639** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

MARONIAN, ANDRE
5927 WYOMING STREET
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

MASTRODONATO, RON
2640 WOODPOINTE DR
HOLIDAY, FL 34691 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: RON MASTRODONATO 07/14/2005
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: MARONIAN, ANDRE
Address: 5927 WYOMING STREET
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: MASTRODONATO, RON
Address: 2640 WOOD POINTE DR
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RON MASTRODONATO MGRM 07/14/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date