# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 10, 2007**
**Secretary of State**

DOCUMENT# L03000053320

**Entity Name:** NSN LLC

**Current Principal Place of Business:**

2640 WOODPOINTE DR
HOLIDAY, FL 34691

**New Principal Place of Business:**

20308 LACE CASCADE RD
LAND O LAKES, FL 34637

**Current Mailing Address:**

2640 WOOD POINTE DR
HOLIDAY, FL 34691

**New Mailing Address:**

20308 LACE CASCADE RD
LAND O LAKES, FL 34637

**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:**

MASTRODONATO, RON
2640 WOODPOINTE DR
HOLIDAY, FL 34691 US

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

MASTRODONATO, RON
20308 LACE CASCADE RD
LAND O LAKES, FL 34637 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: _____ 07/10/2007
Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: MASTRODONATO, RON
Address: 20308 LACE CASCADE RD
City-St-Zip: LAND O LAKES, FL 34637

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: RON MASTRODONATO MGRM 07/10/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date