

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053320

Entity Name: NSN LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

20308 LACE CASCADE RD
LAND O LAKES, FL 34637

New Principal Place of Business:

7143 STATE RD 54
224
NEW PORT RICHEY, FL 34653

Current Mailing Address:

20308 LACE CASCADE RD
LAND O LAKES, FL 34637

New Mailing Address:

7143 STATE RD 54
224
NEW PORT RICHEY, FL 34653

FEI Number: 83-0379639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTRODONATO, RON
20308 LACE CASCADE RD
LAND O LAKES, FL 34637 US

Name and Address of New Registered Agent:

MASTRODONATO, RON
7143 STATE RD 54
224
NEW PORT RICHEY, FL 34653 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:

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MASTRODONATO, RON
Address: 7143 STATE RD 54 #224
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MGR () Change (X) Addition
Name: ACHESON, JAMES
Address: 7143 STATE RD 54 #224
City-St-Zip: NEW PORT RICHEY, FL 34653

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

04/16/2009

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