

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 07, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L04000010154

1. Entity Name  
NED FRIIS, LLC



Principal Place of Business  
6581 WOODLAND DRIVE  
KEYSTONE HEIGHTS FL 32656  
US

Mailing Address

6581 WOODLAND DRIVE  
KEYSTONE HEIGHTS FL 32656  
US



2. Principal Place of Business - No P.O. Box #

6581 Woodland Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Keystone Hts. Fla.

City & State

4. FEI Number

20-0961118

Applied For

Not Applicable

Zip

32656

Country

FL

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIIS, NED  
6581 WOODLAND DRIVE  
KEYSTONE HEIGHTS FL FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
FRIIS, NED  
6581 WOODLAND DRIVE  
KEYSTONE HEIGHTS FL 32656

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
U000000762730  
05/29/07-80021-010 50.00

☐ Change ☐ Addition

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CITY- ST- ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5-1-07 352-444-3175