

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90152 005 ****50.00

DOCUMENT # L04000013037

1. Entity Name
NIPA HUT KUSINA, LLC



Principal Place of Business
**3901 DR. MARTIN LUTHER KING, JR., BLVD.
#24
FORT MYERS, FL 33916**

Mailing Address
**228 NE 21ST PLACE
CAPE CORAL, FL 33909**

60024340



2. Principal Place of Business - No P.O. Box #
228 NE 21st Pl.
Suite, Apt. #, etc.
Cape Coral, Fl.
City & State
33909
Zip
U.S.A.

3. Mailing Address
228 NE 21st Pl.
Suite, Apt. #, etc.
Cape Coral, Fl.
City & State
33909
Zip
U.S.A.

03062007 Chg-LLC CR2E083 (12/06)

4. FEI Number
X 82-2441547 X

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

Applied For ☒ Not Applicable

6. Name and Address of Current Registered Agent
**GOMEZ-ALDAY, DEBORAH A
228 NE 21ST PLACE
CAPE CORAL, FL 33909**

7. Name and Address of New Registered Agent
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 DATE **3/14/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOMEZ-ALDAY, DEBORAH A 228 NE 21ST PLACE CAPE CORAL, FL 33909 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Nilo & Deborah (Gomez) Alday 228 NE 21st Pl. Cape Coral, Fl. 33909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Deborah Gomez-Alday **3/14/07** **(239) 464-6512**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #