## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L04000015010** 

1. Entity Name
NB AMERICAS, LLC



Jan 08, 2007 08:00 AM Secretary of State

Principal Place of Business

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14600 DETROIT AVENUE SUITE 1378

LAKEWOOD, OH 44107 US

Mailing Address

14600 DETROIT AVENUE

**SUITE 1378** 

LAKEWOOD, OH 44107

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CR2E083 (11/05)

4. FEI Number 77-0625347

01042007 No Chg-LLC

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUGIE, DOUG 217 THATCH PALM DRIVE BOCA RATON, FL 33432

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		IN	THIS SPACE
	named entity submits this statement for the purpose of chaions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	lling Fee is \$50.00 ue by May 1, 2007		U00000578600 01/09/07-80035-018 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUGIE, DOUGLAS 217 THATCH PALM DRIVE BOCA RATON, FL 334327522		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE		IN.	THIS SPACE

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 speciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR SKINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

AHarney

1/4/07 216-529-1640

Daytime Phone #