

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026795

FILED
Jan 07, 2008
Secretary of State

Entity Name: NU GRAFFIKA LLC

Current Principal Place of Business:

2684 N UNIVERSITY DR
SUNRISE, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

2684 N UNIVERSITY DR
SUNRISE, FL 33322 US

New Mailing Address:

FEI Number: 55-0865014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOBCZAK, MALGORZATA
6101 NW 54 LANE
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MM () Delete
Name: SOBCZAK, CASIMIR
Address: 6101 NW 54 LANE
City-St-Zip: TAMARAC, FL 33319

Title: MM () Delete
Name: SOBCZAK, MALGORZATA
Address: 6101 NW 54 LANE
City-St-Zip: TAMARAC, FL 33319

Title: MM () Delete
Name: GORSKI, SLAWOMIR
Address: 5919 NW 55 LN
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MM (X) Change () Addition
Name: GORSKI, SLAWOMIR
Address: 5919 NW 55 LN
City-St-Zip: TAMARAC, FL 33319

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: MALGORZATA SOBCZAK

MM

01/07/2008

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