

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026795

FILED  
Jan 26, 2009  
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:**

GORSKI, SLAWOMIR  
5919 NW 55 LANE  
TAMARAC, FL 33319 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: S GORSKI

01/26/2009

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 33319

**ADDITIONS/CHANGES:**

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

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

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

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: S GORSKI

MM

01/26/2009

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