

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044445

FILED  
Apr 18, 2012  
Secretary of State

**Entity Name:** NULAND HOLDING COMPANY, LLC

**Current Principal Place of Business:**

1503 TURKEY CREEK ROAD  
PLANT CITY, FL 33567

**New Principal Place of Business:**

**Current Mailing Address:**

1503 TURKEY CREEK ROAD  
PLANT CITY, FL 33567

**New Mailing Address:**

**FEI Number:** 20-1226818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZHANG, XIAOYONG  
1503 TURKEY CREEK ROAD  
PLANT CITY, FL 33567 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: MGR  
Name: CHAI, HEUNG CHING  
Address: 1503 TURKEY CREEK ROAD  
City-St-Zip: PLANT CITY, FL 33567

Title: MGR  
Name: ZHANG, XIAOYONG  
Address: 1503 TURKEY CREEK ROAD  
City-St-Zip: PLANT CITY, FL 33567

Title: MGR  
Name: KWOK, MIN YEE  
Address: 1503 TURKEY CREEK ROAD  
City-St-Zip: PLANT CITY, FL 33567

Title: MGR  
Name: KWOK, JOHN  
Address: 1503 TURKEY CREEK ROAD  
City-St-Zip: PLANT CITY, FL 33567

Title: MGR  
Name: HUANG, IVAN  
Address: 1503 TURKEY CREEK ROAD  
City-St-Zip: PLANT CITY, FL 33567

Title: MGR  
Name: KONG, HING  
Address: 1503 TURKEY CREEK ROAD  
City-St-Zip: PLANT CITY, FL 33567

I hereby 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: HEUNG CHING CHAI

MGR

04/18/2012

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