

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2005 8:00 am
Secretary of State

06-30-2005 90084 023 ****55.00

DOCUMENT # L04000049972

1. Entity Name
NL2 CONSTRUCTION GROUP, LLC.



Principal Place of Business
8700 64TH STREET
PINELLAS PARK, FL 33782

Mailing Address
8700 64TH STREET
PINELLAS PARK, FL 33782



2. Principal Place of Business

3. Mailing Address

06272005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-1331401

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIEN, HAO T
8700 64TH STREET
PINELLAS PARK, FL 33782

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

Lien HAO T. LIEN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/27/05

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME LIEN, HAO T
STREET ADDRESS 8700 64TH STREET
CITY-ST-ZIP FLORIDA, FL 33782

TITLE MGRM ☒ Delete
NAME NGUYEN, NHUT
STREET ADDRESS 11303 86TH AVENUE NORTH
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE MGRM ☐ Delete
NAME LAM, VINH K
STREET ADDRESS 6226 30TH STREET NORTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33702

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Lien HAO T. LIEN 6/27/05 (727)492-4751

Date

Daytime Phone #