

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90052 004 \*\*\*\*50.00

DOCUMENT # L04000060327

1. Entity Name

NU-STEAM, LLC



**DO NOT WRITE IN THIS SPACE**

20000644

2. Principal Place of Business  
566 SW Arlington Boulevard

3. Mailing Address  
Post Office Box 717

Suite, Apt. # etc.

Suite, Apt. #, etc.

Suite 101

City & State  
Lake City, Florida

City & State  
Lake City, Florida

4. FEI Number  
20-1607617

Applied For  
Not Applicable

Zip  
32055

Country  
US

Zip  
32056-0717

Country  
US

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

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**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Francis E. Nakpodia

Street Address (P.O. Box Number is Not Acceptable)

566 SW Arlington Boulevard, Suite 101

City  
Lake City FL Zip Code  
32055

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

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member  
Francis E. Nakpodia  
566 SW Arlington Boulevard  
Suite 101  
Lake City, Florida 32055

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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.

C386755-6844

SIGNATURE:

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

Managing Member

JANUARY 5, 2005

Date Daytime Phone #