

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060818

FILED
May 01, 2008
Secretary of State

Entity Name: A&R NMB, LLC

Current Principal Place of Business:

6600 COWPEN ROAD
200
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

6600 COWPEN ROAD
200
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 65-0968858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HICKEY, JOHN ESQ.
6600 COWPEN ROAD.
200
MIAMI LAKES, FL 33014 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CHMN () Delete
Name: POTAMKIN, ALAN
Address: 6600 COWPEN ROAD
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP () Delete
Name: PFEIFER, ANDREW
Address: 6600 COWPEN ROAD
City-St-Zip: MIAMI LAKES, FL 33014

Title: T/S () Delete
Name: YUSKO, DAVID
Address: 6600 COWPEN ROAD
City-St-Zip: MIAMI LAKES, FL 33014

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: ANDREW PFEIFER

VP

05/01/2008

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