

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064705

FILED
Jun 25, 2009
Secretary of State

Entity Name: NATIONWIDE LIFTS OF FLORIDA, LLC

Current Principal Place of Business:

500 JONATHAN CT
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

500 JONATHAN CT
HAVANA, FL 32333

New Mailing Address:

FEI Number: 51-0524083 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:

CHENTNIK, GREG
510 JONATHAN CT
HAVANA, FL 32333 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: MGRM () Delete
Name: CRAMER, RICK
Address: 1886 BROOKSIDE BLVD
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM (X) Delete
Name: WAGER, DAVE
Address: 3045 N FULMER CIR
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM (X) Delete
Name: BANKS, SHAWN
Address: POST OFFICE BOX 207
City-St-Zip: MARIANNA, FL 32447

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: GREG CHENTNIK

RA

06/25/2009

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