

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000071020**

1. Entity Name  
**NLHH, LLC**



Principal Place of Business  
**4502 HIGHWAY 20 EAST, SUITE A  
NICEVILLE, FL 32578**

Mailing Address  
**4502 HIGHWAY 20 EAST, SUITE A  
NICEVILLE, FL 32578**



01032006 No Chg-LLC

CR2ED83 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1686517**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PITELL, LISA Y  
4 ELEVENTH AVENUE, SUITE ONE  
SHALIMAR, FL 32579**

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**000000383083  
01/12/06-80037-024 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
HERNDON, D. TIMOTHY  
4502 HIGHWAY 20 EAST, SUITE A  
NICEVILLE, FL 32578**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
LEOPOLD, FREDERICK O JR  
1069 TROON DRIVE EAST  
NICEVILLE, FL 32578**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
NEWTON, MITCH  
1736 BOLTON VILLAGE LANE  
NICEVILLE, FL 32578**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

**1/6/06 850-897-4333**

Date

Daytime Phone #