

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 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



01092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1686517

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PITELL, LISA Y
4400 HIGHWAY 20 EAST, SUITE 202
NICEVILLE, FL 32578

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000789618
01/22/08-80032-023 138.75

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

1/15/08

850-897-4333