

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90013 032 ****50.00

DOCUMENT # L04000071791

1. Entity Name

NOS, LLC



Principal Place of Business

1201 SOUTH OCEAN BOULEVARD
POMPANO BEACH FL 33062

Mailing Address

1201 SOUTH OCEAN BOULEVARD
POMPANO BEACH FL 33062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4292649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURDOCH, ROBERT E
2455 EAST SUNRISE BOULEVARD
SUITE 1000
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

MITCH BRUCKNER

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

4992 N. PINE ISLAND ROAD

City

LAUDERHILL

FL

Zip Code

33351

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

MITCH BRUCKNER

(NOTE: Registered Agent signature required when reinstating)

09/01/05

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME LOPS, HEIKE
STREET ADDRESS 1201 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

[Signature] PRESIDENT

09/01/05 954-942-0484