

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000072376

1. Entity Name
NISHMAN COMFORTS USA, L.L.C.



Principal Place of Business
**3126 REDWOOD NATIONAL DRIVE, #4102
ORLANDO, FL 32837**

Mailing Address
**3126 REDWOOD NATIONAL DRIVE, #4102
ORLANDO, FL 32837**



01242007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1478180

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LAVIGNE, JAMES R ESQ
LAVIGNE, COTON & ASSOCIATES, P.A.
7087 GRAND NATIONAL DRIVE, STE. 100
ORLANDO, FL 32819**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, JITENDRA H 3126 REDWOOD NATIONAL DRIVE, #4102 ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, SANDIP H P.O. BOX 33478 LUSAKA, ZAMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, JITENDRA H MANAGER 3126 REDWOOD NATIONAL DR.#4102 ORLANDO, FL 32837
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03/02/07-80005-005 50.00

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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

D318

Day/17th Printing #