

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000075194	
1. Entity Name NOVALAY, LLC	

Principal Place of Business 8540 BELLE MEADE DRIVE FT. MYERS, FL 33908 US	Mailing Address 1318 LAFAYETTE STREET CAPE CORAL, FL 33904 US
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-LLC GR2E083 (11/05)

4. FEI Number 20-3279474	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent HILL, THOMAS W 1318 LAFAYETTE STREET CAPE CORAL, FL 33904

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIORI, GINO 8540 BELLE MEADE DRIVE FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIORI, JANINE 8540 BELLE MEADE DRIVE FT. MYERS, FL 33908
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01/31/06-80005-019 50.00

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 609, Florida Statutes.

SIGNATURE: Janine Giori **1-17-06 (239) 43297**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #