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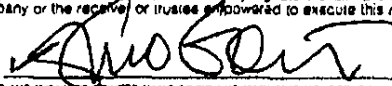
Hill & Co CPA

(239) 549-5623

p.1

FILED

Apr 16, 2007 08:00 A
Secretary of State**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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	
DO NOT WRITE IN THIS SPACE		
1082007 No Cng-LLC CR2E083 (11/05)		
4. FEI Number 20-3279474		Applied For Not Applicable
8. 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature requires notary)		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
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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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		04-207-07

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 04/24/07-80127-019 50.00