

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90079 041 \*\*\*\*50.00

**DOCUMENT # L04000079914**

1. Entity Name  
**NOVA SOTA, LLC**



Principal Place of Business  
**DUNLAP & MORAN P A  
1990 MAIN ST STE 700  
SARASOTA, FL 34236**

Mailing Address  
**DUNLAP & MORAN P A  
P O BOX 3948  
SARASOTA, FL 34236**

**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**65-1244963**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LUZIER, THOMAS B ESQ.  
DUNLAP & MORAN P A  
1990 MAIN ST STE 700  
SARASOTA, FL 34236**

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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  
BOWER, PHILIP J  
RR #2, 1415 GRANT ROAD  
MALAGASH, NOVA SCOTIA, CANADA,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** *Philip J. Bower / Managing Member / Jan 12<sup>th</sup> / 07* **941-365  
2760**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #