

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003064

Entity Name: NIERENBERG FAMILY, LLC

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

1211 GULF OF MEXICO DRIVE, #812
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

C/O TAX HELP INC
1730 S. FEDERAL HWY 260
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 20-2155791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TREMBLAY, W.J.
1730 S. FEDERAL HWY
STE 260
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NIERENBERG, RICHARD H
Address: 58 ACADIAN CIR
City-St-Zip: HATTIESBURG, MS 39402

Title: MGR () Delete
Name: NIERENBERG, ANDREA
Address: 420 EAST 51ST STREET SUITE 12-D
City-St-Zip: NEW YORK, NY 10022

Title: MGR () Delete
Name: NIERENBERG, MEREDITH
Address: 435 SOUTH GULFSTREAM AVE APT 803
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD H. NIERENBERG

MGR

03/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date