2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000003114

1. Entity Name
INTERSTATE NMB, LLC



Principal Place of Business

Mailing Address

2140 LEE ROAD, SUITE 201 CLEVELAND HEIGHTS, OH 44118 2140 LEE ROAD, SUITE 201 CLEVELAND HEIGHTS, OH 44118

FILED Apr 30, 2007 08:00 All Secretary of State



02052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2505364 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGER, DEL T 7351 VALENCIA DRIVE BOCA RATON, FL 33433

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	named entity submits this statement for the purpose of chatlons of registered agent.	nging its registered office or registered agent, or both, in the St	ate of Florida. I am familiar with, and accept
SIGNATURE.	•		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when renetating)	DATE
	iling Fee is \$50.00 we by May 1, 2007		
0.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	SINGER, DEL T		
STREET ADDRESS	7351 VALENCIA DRIVE		
CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE	MGRM		
HAME	WASACZ, STANLEY L		
STREET ADDRESS	101111011101101101		
CITY-ST-ZIP	CLEVELAND, OH 44114		
TITLE	MGRM		
NAME	PAUL, MICHAEL J		
STREET ADORESS	20895 PINAR TRAIL	I DO NO	T WRITE
CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE		I IN THIS	SPACE
NAME CIDITY ADDRESS			
STREET ADDRESS	I .	 ************************************	944 April 18 14 April 639 X 498 X 50 X 50 X 18 April 18 X 18

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 eath; 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:

CITY-ST-ZIP TITLE NAME .

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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APRIL 23 2007

561-883-7800

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