

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000007204



1. Entity Name
NUSHORE, LLC

Principal Place of Business
**P.O. BOX 4229
TALLAHASSEE FL 32315**

Mailing Address
**P.O. BOX 4229
TALLAHASSEE FL 32315**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
73-1729654

Applied For
☐ Not Applicable

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

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIST, MICHAEL P
1300 THOMASWOOD DRIVE
TALLAHASSEE FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-stating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
TIEDEBERG, JAY
P.O. BOX 4229
TALLAHASSEE FL 32315** ☐ Delete

☐ Change ☐ Addition
**U00000743983
05/15/07-80131-010 50.00**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

☐ Change ☐ Addition

TITLE
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CITY-STATE-ZIP ☐ Delete

☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/20/2007

850-576-3010

Date

Daytime Phone #