

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000010753

1. Entity Name
NBC COMMERCIAL, LLC



Principal Place of Business
720 GOODLETTE ROAD, SUITE 305
NAPLES, FL 34102

Mailing Address
720 GOODLETTE ROAD, SUITE 305
NAPLES, FL 34102



01292007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2058662

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BASIK, KEITH
720 GOODLETTE ROAD, SUITE 305
NAPLES, FL 34102

**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 _____

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
BASIK, KEITH
720 GOODLETTE ROAD, SUITE 305
NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BASIK, JEFF
720 GOODLETTE ROAD, SUITE 305
NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BASIK, LARRY
720 GOODLETTE ROAD, SUITE 305
NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000728245
05/07/07-80009-015 50.00

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IN THIS SPACE**

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

2-01-07

Date

239-262-3210

Daytime Phone #