2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000021023

1. Entity Name
NUFAMILY, LLC

Principal Place of Business	Mailing Address
2333 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228	2333 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228

DO NOT WRITE IN THIS SPACE

01112008No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-2424398
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARSHALL, ELIZABETH C
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000788146
01/18/08-80029-004 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	VUKOVICH, LAURA J
STREET ADDRESS	2333 GULF OF MEXICO DR
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
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TITLE	
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: (LAURA J. VUKOVICH) 1-11-08 941-383-9612
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #