

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023420

Entity Name: NIRVANA CONGLOMERATE LLC

FILED  
Sep 05, 2006  
Secretary of State

## Current Principal Place of Business:

528 W NEW HAMPSHIRE AVE  
DELAND, FL 32720 US

## New Principal Place of Business:

## Current Mailing Address:

528 W NEW HAMPSHIRE AVE  
DELAND, FL 32720 US

## New Mailing Address:

FEI Number: 42-1611448      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

JOHNSON, JAMIN  
528 W NEW HAMPSHIRE AVE  
DELAND, FL 32720 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: MGRM ( ) Delete  
Name: JOHNSON, JAMIN A  
Address: 528 W NEW HAMPSHIRE AVE  
City-St-Zip: DELAND, FL 32720 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: JOHNSON, JAMIN  
Address: 528 W NEW HAMPSHIRE AVE  
City-St-Zip: DELAND, FL 32720 US

Title: MGR ( ) Change (X) Addition  
Name: GASKINS, SHIRLEY  
Address: 528 W NEW HAMPSHIRE AVE  
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMIN JOHNSON

MGRM

09/05/2006

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