

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90263 005 ***138.75

DOCUMENT # L05000033861

1. Entity Name
NN HOLDINGS LLC



Principal Place of Business
**2411 14TH ST. W.
BRADENTON, FL 34205**

Mailing Address
**2411 14TH ST. W.
BRADENTON, FL 34205**

60018072



2. Principal Place of Business - No P.O. Box #
2001 SIESTA DRIVE

3. Mailing Address
2001 SIESTA DRIVE

Suite, Apt. #, etc.
STE 201

Suite, Apt. #, etc.
STE 201

03142008 Chg-LLC CR2E083 (12/06)

City & State
SARASOTA FL

City & State
SARASOTA FL

4. FEI Number
20-2678983

Applied For
Not Applicable

Zip
34239

Country
USA

Zip
34239

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEAVER, AMANDA
2001 SIESTA DRIVE
201
SARASOTA, FL 34239**

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 reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NALLURI, RAJA M.D.
2411 14TH ST W.
BRADENTON, FL 34205** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NGUYEN, PHONG M.D.
2411 14TH ST W.
BRADENTON, FL 34205** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NALLURI, SARAT
2411 14TH ST. W.
BRADENTON, FL 34205** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/15/08

941 752 7842