2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State
03-01-2007 90192 006 ****50.00

DOCUMENT # L05000044057

1. Entity Name
NIRVANA, LLC

Principal Place of Business	Mailing Address
P.O. BOX 3319 SARASOTA FL 34230	P.O. BOX 3319 SARASOTA FL 34230

2. Principal Place of Business - No P.O Box #	3. Mailing Address
Mr. Stanley Gottlieb 1727 145th St. E. Bradenton, FL 34212	Mr. Stanley Gottlieb 1727 145th St. E. Bradenton, FL 34212
Zip 34212 Country USA	Zip 34212 Country USA

1st MOORE CR2E083 (10/06)

4. FEI Number 20-2803421 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FAMIGLIO, GEORGE V JR
1634 MAIN STREET
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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 $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-ST-ZIP	MGR THE STANLEY GOTTLIEB REVOCABLE TRUST P.O. BOX 3319 SARASOTA FL 34230 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR THE MADELON GOTTLIEB REVOCABLE TRUST P.O. BOX 3319 SARASOTA FL 34230 ☐ 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
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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: Stanley Gottlieb, TTEE 2-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #