

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044057

Entity Name: NIRVANA, LLC

FILED
Jan 18, 2008
Secretary of State

Current Principal Place of Business:

MR. STANLEY GOTTLIEB
1727 145TH ST EAST
BRADENTON, FL 34212

New Principal Place of Business:

Current Mailing Address:

MR. STANLEY GOTTLIEB
1727 145TH ST EAST
BRADENTON, FL 34212

New Mailing Address:

FEI Number: 20-2803421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FAMIGLIO, GEORGE V JR
1634 MAIN STREET
SARASOTA, FL 34236 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: MGR () Delete
Name: THE STANLEY GOTTLIEB, REVOCABLE TRU S T
Address: P.O. BOX 3319
City-St-Zip: SARASOTA, FL 34230

Title: MGR () Delete
Name: THE MADELON GOTTLIEB, REVOCABLE TRU S T
Address: P.O. BOX 3319
City-St-Zip: SARASOTA, FL 34230

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THE STANLEY GOTTLIEB, REVOCABLE TRU S T
Address: 1727 145TH ST. EAST
City-St-Zip: BRADENTON, FL 34212 US

Title: MGR (X) Change () Addition
Name: THE MADELON GOTTLIEB, REVOCABLE TRU S T
Address: 1727 145TH ST. EAST
City-St-Zip: BRADENTON, FL 34212

I hereby certify that the information supplied with this filing does not qualify 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: MADELON GOTTLIEB, TTEE

MGR

01/18/2008

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