

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 20, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000050303**

1. Entity Name  
**NANSUE DEVELOPMENT GROUP, LLC**



Principal Place of Business

2361 SOUTH PALMETTO AVENUE  
SOUTH DAYTONA, FL 3219

Mailing Address

2361 SOUTH PALMETTO AVENUE  
SOUTH DAYTONA, FL 3219



03182008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3807768**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BECKMAN, NANCY  
2361 SOUTH PALMETTO AVENUE  
SOUTH DAYTONA, FL 3219

**DO NOT WRITE  
IN THIS SPACE**

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**

000000664821  
04/07/08-80003-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BECKMAN, NANCY  
2361 SOUTH PALMETTO AVENUE  
SOUTH DAYTONA, FL 3219

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BECKMAN, SUE  
917 PONDEROSA DRIVE  
SOUTH DAYTONA, FL 32119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Nancy B. Beck*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-18-08 386-788-6784

Date

Daytime Phone #