2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000050992

1. Entity Name
NARS OF DELAWARE, LLC

Principal Place of Business	Mailing Address
2634 SOPHIA COURT	2634 SOPHIA COURT
GREEN COVES SPRINGS, FL 32043	GREEN COVES SPRINGS, FL 32043

DO NOT WRITE IN THIS SPACE

01092007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-2897265	Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

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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

Filing Fee is $50.00
Due by May 1, 2007

U000000602600
01/26/07-80097-007 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WILLIAMSON, MIKE
STREET ADDRESS	2634 SOPHIA CT
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ M. S. Williamson _____ 1/23/07 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #