

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

DOCUMENT # L05000060134

1. Entity Name
NYDA, L.L.C.



04-21-2008 90490 001 ***138.75

04-21-2008 90490 002 *****5.00

Principal Place of Business
1459 NORTH U.S. HIGHWAY 1
SUITE 3
ORMOND BEACH, FL 32174 US

Mailing Address
1459 NORTH U.S. HIGHWAY 1
SUITE 3
ORMOND BEACH, FL 32174 US

30004508



DO NOT WRITE IN THIS SPACE

03242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3007718

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GHYABI, MARYAM K
1459 NORTH U.S. HIGHWAY 1
SUITE 3
ORMOND BEACH, FL 32174

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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 renewing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GHYABI, MARYAM K
1348 DOVERCOURT LANE
ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04-01-08 (386) 677-5499

Date

Daytime Phone #