

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**May 11, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L05000112159**

1. Entity Name  
**NANCY SLOANE LLC**



Principal Place of Business

**1935 COMMERCE LANE  
SUITE 3  
JUPITER, FL 33458**

Mailing Address

**1935 COMMERCE LANE  
SUITE 3  
JUPITER, FL 33458**

**DO NOT WRITE IN THIS SPACE**



05092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**59-3831099**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SLOANE, NANCY  
803 MAINSAIL CIRCLE  
JUPITER, FL 33477**

**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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SLOANE, NANCY
STREET ADDRESS	803 MAINSAIL CIRCLE
CITY-ST-ZIP	JUPITER, FL 33477
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	

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05/30/07-80017-015 50.00

**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:** \_\_\_\_\_

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

**5/9/07**

Date

**561-841-5212**

Daytime Phone #