

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-09-2007 90341 013 ****55.00

DOCUMENT # L05000122474					
1. Entity Name NU HORIZONS, LLC					
Principal Place of Business 4233 BELLASOL CIRCLE, #1812 FORT MYERS FL 33916			Mailing Address 4233 BELLASOL CIRCLE, #1812 FORT MYERS FL 33916		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56 2549977	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, EVET 4233 BELLASOL CIRCLE, #1812 FORT MYERS FL 33916				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM THOMPSON, EVET 4233 BELLASOL CIRCLE, #1812 FORT MYERS FL 33916 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM MABEL WARISO 909 RUSH AVE LEHIGH ACRE FL 33936 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM THOMPSON, KERRY-ANN 4233 BELLASOL CIRCLE, #1812 FORT MYERS FL 33916 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP			
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Evet Thompson</i> <i>Evet Thompson</i> 3/31/07 862-224-1861 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					