2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000003367

1. Entity Name
NM OF SARASOTA, LLC

Principal Place of Business	Mailing Address
1717 SECOND STREET SUITE A SARASOTA, FL 34236	1717 SECOND STREET SUITE A SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

02022008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-4077155	Not Applicable

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

6. Name and Address of Current Registered Agent

MALAMUD, NEIL N
1717 S SECOND STREET
SUITE A
SARASOTA, FL 34236

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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 reinstating)   DATE

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MALAMUD, NEIL N
STREET ADDRESS	1717 S SECOND STREET SUITE A
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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03/10/08-80009-009 138.75

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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: X _____ Neil N. Malamud X 2/18/08

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