


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2007 8:00 am
Secretary of State

06-14-2007 90121 003 ****50.00

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DOCUMENT # L06000016644 1. Entity Name N.G.S., L.L.C.					
Principal Place of Business 979 N. COLLIER BLVD. MARCO ISLAND, FL 34145			Mailing Address 979 N. COLLIER BLVD. MARCO ISLAND, FL 34145		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <i>DRORYGASSE 6-32</i> Suite, Apt. #, etc.			
City & State City: <i>VIENNA, A-1030</i>		4. FEI Number <i>20-5954734</i>			
Zip Country		Zip Country <i>AUSTRIA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBSTER, RONALD S 979 N. COLLIER BLVD. MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEKER, ERIKA DRORYGASSE 6/32 AUSTRIA, EUROPE VIENNA, A103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEKER, KURT DRORYGASSE 6/32 AUSTRIA, EUROPE VIENNA, A103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEKER, KURT DRORYGASSE 6/32 AUSTRIA, EUROPE VIENNA, A103	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEKER, KURT DRORYGASSE 6/32 AUSTRIA, EUROPE VIENNA, A103	<input type="checkbox"/> Delete			
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: <i>She Stel</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					