## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 30, 2007 8:00 am Secretary of State DOCUMENT # L06000022693 04-30-2007 90048 020 \*\*\*\*50.00 NOMÍTIC BUSINESS INITIATIVE, LLC Principal Place of Business Mailing Address **DUU43337** 796 FIR AVE 796 FIR AVE FROSTPROOF, FL 33843 FROSTPROOF, FL 33843 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-440/015 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUTZ, THERESA C Street Address (P.O. Box Number is Not Acceptable) 796 FIR AVE FROSTPROOF, FL 33843 City Zip Code FL 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State Я. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME ALDRICH, JESSICA NAME STREET ADDRESS 6665 LAKE CLARK DRIVE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition CARROLL, THOMAS NAME NAME STREET ADDRESS 840 BEAR CREEK DR STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 CITY-ST-70P MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LUTZ, THERESA C NAME STREET ADDRESS 796 FIR AVE STREET ADDRESS CITY-ST-ZIP FROSTPROOF, FL 33843 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ■ Addition RAZABDOUSKI, RAYMOND C NAME NAME STREET ADDRESS 4347 SHEPHERD RD STREET ADDRESS CITY-ST-7IP LAKELAND, FL 33811 CITY-ST-ZIP ☐ Delete TITLE MGRM Change Addition TITLE REPPETO-EVANS, ALYSIA NAME NAME 533 DUCHESS CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33803 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE Change ☐ Addition RIVENSHIELD, ANGELA A PHD NAME NAME STREET ADDRESS 930 MCDONALD ST STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33801 CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**