2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 12, 2007 8:00 am
Secretary of State
02-19-2007 90195 022 ****55.00

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02142007 Chg-LLC CR2E083 (12/06)

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1. Entity Name
N.B.T., LLC

Principal Place of Business	Mailing Address
5375 SAUFLEY FIELD ROAD PENSACOLA, FL 32526	5375 SAUFLEY FIELD ROAD PENSACOLA, FL 32526
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 20-4658184 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALSOPP, AUDIE W
15141 SW 128TH AVENUE
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name: Nhora Valencia
Street Address (P.O. Box Number is Not Acceptable): 5375 Saufley Field Rd
City: Pensacola FL Zip Code: 32526

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: Nhora Valencia DATE: 3/8/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VALENCIA, NHORA 5375 SAUFLEY FIELD ROAD PENSACOLA, FL 32526	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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: Nhora Valencia 3/8/07 850-602-5393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #