

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000036854

Entity Name: N.B.T., LLC

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3544 ST JOHNS BLUFF RD S  
APT 816  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

4804 CLYDE DR  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

3544 ST JOHNS BLUFF RD S  
APT 816  
JACKSONVILLE, FL 32224

**New Mailing Address:**

4804 CLYDE DR  
JACKSONVILLE, FL 32208

FEI Number: 20-4658184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VALENCIA, NHORA  
3544 ST JOHNS BLUFF RD S  
APT 816  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

VALENCIA, NHORA  
4804 CLYDE DR  
JACKSONVILLE, FL 32208 US

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.

SIGNATURE:

04/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VALENCIA, NHORA  
Address: 4804 CLYDE DR  
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

04/22/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date