

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058247

Entity Name: NISHYBRIT ENTERPRISES LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

9038 DUPONT PLACE
WELLINGTON, FL 33414

New Principal Place of Business:

9134 OVIEDO ST
SEBRING, FL 33872

Current Mailing Address:

3643 VARIAN AVE
BRONX, NY 10466

New Mailing Address:

7741 NW 29 STREET
MARGATE, FL 33063

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENRY, BRYAN O CEO
9038 DUPONT PLACE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

HENRY, BRYAN O CEO
9134 OVIEDO ST
SEBRING, FL 33872 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: BRYAN HENRY

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: HENRY, BRYAN O CEO
Address: 9038 DUPONT PLACE
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Delete
Name: HENRY, MICHELE S GMGR
Address: 9038 DUPONT PL
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: HENRY, BRYAN O CEO
Address: 9134 OVIEDO ST
City-St-Zip: SEBRING, FL 33872

Title: MGR (X) Change () Addition
Name: HENRY, MICHELE S GMGR
Address: 9134 OVIEDO ST
City-St-Zip: SEBRING, FL 33872

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BRYAN HENRY

CEO

04/30/2009

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