

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070916

Entity Name: NSS ENTERPRISES, LLC

FILED
Jul 07, 2008
Secretary of State

Current Principal Place of Business:

240 DORSET DRIVE
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

111 S. SCOTT STREET
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 83-0472246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SAXON, BENJAMIN Y II
111 S. SCOTT STREET
MELBOURNE, FL 32901 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAXON, BENJAMIN Y II
Address: 111 S. SCOTT STREET
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM () Delete
Name: NARMORE, DONNIE
Address: 2600 SIMON ROAD
City-St-Zip: WEST MELBOURNE, FL 32904

Title: MGRM () Delete
Name: CARTER, THOMAS P JR
Address: 780 AUGUST ST SE
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BENJAMIN Y. SAXON II

MGR

07/07/2008

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