

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070916

Entity Name: NSS ENTERPRISES, LLC

FILED
Feb 17, 2009
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: MGRM (X) Change () Addition
Name: SAXON, BENJAMIN Y II
Address: 111 S. SCOTT STREET
City-St-Zip: MELBOURNE, FL 32901

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

MGRM

02/17/2009

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