

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071350

Entity Name: NLG4 LLC

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

1189 FRASER PINE BLVD,
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

1189 FRASER PINE BLVD,
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 20-5228146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIER, ROBERT
1189 FRASER PINE BLVD.
SARASOTA, FL 34240 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: MGRM () Delete
Name: GRIER, ROBERT
Address: 1189 FRASER PINE BLVD.
City-St-Zip: SARASOTA, FL 34240

Title: MGR () Delete
Name: GRIER, THOMAS M
Address: 1164 WILLIAMS STREET
City-St-Zip: ADRIAN, MI 49221

Title: MGR () Delete
Name: GRIER, JAMES H
Address: P.O. BOX 483
City-St-Zip: HIGGINS LAKE, MI 48627

Title: MGR () Delete
Name: GRIER, DOUGLAS W
Address: P.O. BOX 483
City-St-Zip: HIGGINS LAKE, MI 48627

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:

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: ROBERT A GRIER

MGRM

03/10/2009

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