

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076662

Entity Name: NOMIAH LLC

FILED  
Sep 07, 2007  
Secretary of State

**Current Principal Place of Business:**

9402 BLACKTHORN LOOP  
LAND O LAKES, FL 34638

**New Principal Place of Business:**

**Current Mailing Address:**

9402 BLACKTHORN LOOP  
LAND O LAKES, FL 34638

**New Mailing Address:**

FEI Number: 20-5313669      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:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., STE. 101  
TALLAHASSEE, FL 323012960 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: HOIMIAN, PIERRE  
Address: 9402 BLACKTHORN LOOP  
City-St-Zip: LAND O LAKES, FL 34638

Title: MGR      ( ) Delete  
Name: GYIMAH, NOAH  
Address: 9402 BLACKTHORN LOOP  
City-St-Zip: LAND O LAKES, FL 34638

**ADDITIONS/CHANGES:**

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: NOAH GYIMAH

MGR

09/07/2007

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