## 2007 LIMITED LIABILITY COMPANY

## Mar 01, 2007 8:00 am **Secretary of State ANNUAL REPORT** 03-01-2007 90189 047 \*\*\*\*50.00 **DOCUMENT #L06000096104 NBK HOLDINGS, LLC** 60040004 Principal Place of Business Mailing Address 1206 EAST RIDGEWOOD STREET 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **DELOACH BRYANT, CARLA** Street Address (P.O. Box Number is Not Acceptable) 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803 Zip Code 8. 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR Change **X** Addition TITLE ☐ Delete TITLE Wilkinson, B. 1206 E. Ridgewood Street NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Orlando Florida 32803 MGR Moinfan, N. 1206 E. Ridgewood Street Orlando, Florida 32803 Change **⊠** Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE THLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change □ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPHESENTATIVE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

EBSO, 2007 833. 9490

**FILED**