

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096839

FILED
Feb 09, 2009
Secretary of State

Entity Name: NUBALANCE LLC

Current Principal Place of Business:

781 CRANDON BLVD. 601
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

781 CRANDON BLVD.
601
KEY BISCAYNE, FL 33149 US

Current Mailing Address:

781 CRANDON BLVD. 601
KEY BISCAYNE, FL 33149 US

New Mailing Address:

781 CRANDON BLVD.
601
KEY BISCAYNE, FL 33149 US

FEI Number: 68-0672808 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TOEDTLI, DANIELA
781 CRANDON BLVD. 601
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

TOEDTLI, DANIELA MGRM
781 CRANDON BLVD.
601
KEY BISCAYNE, FL 33149 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: DANIELA TOEDTLI

02/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TOEDTLI, DANIELA
Address: 781 CRANDON BLVD. 601
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: MGRM (X) Delete
Name: TOEDTLI, WILLY
Address: 781 CRANDON BLVD. 601
City-St-Zip: KEY BISCAYNE, FL 33149 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TOEDTLI, DANIELA MGRM
Address: 781 CRANDON BLVD. 601
City-St-Zip: KEY BISCAYNE, FL 33149 US

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: DANIELA TOEDTLI

MGRM

02/09/2009

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