

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90122 002 ****50.00

60055191



DOCUMENT # L06000097833 1. Entity Name NOVA BAY CAPITAL LLC			
Principal Place of Business 17693 SUMMERLAIN ROAD SUITE 1C FT MYERS, FL 33908		Mailing Address 9131 SOUTHMONT COVE UNIT 405 FT MYERS, FL 33908	
2. Principal Place of Business No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 17693 SUMMERLIN RD. 1-C	
City & State Fort Myers, FL		4. FEI Number 20-5649023	
Zip 33908		Country LEE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		08242007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent HAUF, MATTHEW S 9131 SOUTHMONT COVE UNIT 405 FT MYERS, FL 33908		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 the obligations of registered agent. SIGNATURE 8/24/07 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAUF, MATTHEW S 9131 SOUTHMONT COVE UNIT 405 FT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIMOFEEV, EVGENII S 1781 FOUR MILE COVE PKWY #114 CAPE CORAL, FL 33990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWIS, JULIE A. 9131 SOUTHMONT COVE UNIT 405 FORT MYERS, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE:		MATTHEW HAUF 8/24/07 239-482-0560 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small>	