2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000105615

1. Entity Name
NSB FIT, LLC

Principal Place of Business	Mailing Address
350 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169 US	350 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169 US

DO NOT WRITE IN THIS SPACE

04022008No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-8899706	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BELOTE, CHARLES L
350 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000885370
04718708-8U011-007 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BELOTE, JACQUELINE M
STREET ADDRESS	350 NORTH CAUSEWAY
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
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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: _Jacquelin M. Belote_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #