

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121930

Entity Name: NOW OF FLORIDA, L.L.C.

FILED
Feb 02, 2009
Secretary of State

Current Principal Place of Business:

1804 SAND HILL LANE
WINTER HAVEN, FL 33834

New Principal Place of Business:

1804 SAND HILL LANE
WINTER HAVEN, FL 33834 US

Current Mailing Address:

1804 SAND HILL LANE
WINTER HAVEN, FL 33834

New Mailing Address:

1804 SAND HILL LANE
WINTER HAVEN, FL 33834 US

FEI Number: 20-8570974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARREN, NORMAN O SR.
1804 SAND HILL LANE
WINTER HAVEN, FL 33834 US

Name and Address of New Registered Agent:

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: WARREN, NORMAN O SR.
Address: 1804 SAND HILL LANE
City-St-Zip: WINTER HAVEN, FL 33834

Title: MGR () Delete
Name: WARREN, NORMAN O JR.
Address: 1804 SAND HILL LANE
City-St-Zip: WINTER HAVEN, FL 33834

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WARREN, NORMAN O SR.
Address: 1804 SAND HILL LANE
City-St-Zip: WINTER HAVEN, FL 33834 US

Title: MGR (X) Change () Addition
Name: WARREN, NORMAN O JR.
Address: 1804 SAND HILL LANE
City-St-Zip: WINTER HAVEN, FL 33834 US

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: NORMAN O WARREN SR

MGR

02/02/2009

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