

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000048938

FILED
Aug 12, 2009
Secretary of State**Entity Name:** NOGALIT, LLC.**Current Principal Place of Business:**1101 SOUTH ROGERS CIRCLE DRIVE
BOCA RATON, FL 33487 US**New Principal Place of Business:****Current Mailing Address:**1101 SOUTH ROGERS CIRCLE DRIVE
BOCA RATON, FL 33487 US**New Mailing Address:****FEI Number:** 26-0161127**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEVHAR, EMI
1101 SOUTH ROGERS CIRCLE DRIVE
BOCA RATON, FLORIDA, FL 33487 US**Name and Address of New Registered Agent:**LEVHAR, GUY
1101 SOUTH ROGERS CIRCLE DRIVE
BOCA RATON, FLORIDA, FL 33487 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: GUY LEVHAR

08/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: LEVHAR, EMI
Address: 1101 SOUTH ROGERS CIRCLE DRIVE
City-St-Zip: BOCA RATON, FL 33487 US**Title:** MGRM (X) Delete
Name: LEVHAR, GUY
Address: 1101 SOUTH ROGERS CIRCLE DRIVE
City-St-Zip: BOCA RATON, FL 33487 US**ADDITIONS/CHANGES:****Title:** VP (X) Change () Addition
Name: LEVHAR, GUY
Address: 1101 SOUTH ROGERS CIRCLE DRIVE
City-St-Zip: BOCA RATON, FL 33487 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: GUY LEVHAR

VP

08/12/2009

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