

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90109 020 \*\*\*138.75

DOCUMENT # L07000050093

1. Entity Name  
NPL, LLC



Principal Place of Business 7575 DR. PHILLIPS BOULEVARD SUITE 220 ORLANDO, FL 32819 US	Mailing Address 7575 DR. PHILLIPS BOULEVARD SUITE 220 ORLANDO, FL 32819 US
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30003307



2. Principal Place of Business - No P.O. Box # 7575 DR. PHILLIPS BLVD Suite, Apt. #, etc. SUITE 230 City & State ORLANDO, FL Zip 32819 Country US	3. Mailing Address 7575 DR. PHILLIPS BLVD Suite, Apt. #, etc. SUITE 230 City & State ORLANDO, FL Zip 32819 Country US
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01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0155762	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HOLECEK, MARK S 7575 DR. PHILLIPS BOULEVARD SUITE <del>220</del> 230 ORLANDO, FL 32819	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLECEK, MARK S 7575 DR. PHILLIPS BOULEVARD, SUITE <del>220</del> 230 ORLANDO, FL 32819 <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	MGR STRUMILLO, DONALD R 7020 HIGH GROVE BOULEVARD BURR RIDGE, IL 60527 <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	<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: Mark S. Holec 1/31/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #