

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000050093

Entity Name: NPL, LLC

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7575 DR PHILLIPS BLVD  
STE. 230  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

7575 DR PHILLIPS BLVD  
STE. 220  
ORLANDO, FL 32819 US

**Current Mailing Address:**

7575 DR. PHILLIPS BOULEVARD  
SUITE 220  
ORLANDO, FL 32819 US

**New Mailing Address:**

FEI Number: 26-0155762      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLECEK, MARK S  
7575 DR. PHILLIPS BOULEVARD  
SUITE 220  
ORLANDO, FL 32819 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  
Name: HOLECEK, MARK S  
Address: 7575 DR. PHILLIPS BOULEVARD, SUITE 220  
City-St-Zip: ORLANDO, FL 32819 US

Title: MGR  
Name: STRUMILLO, DONALD R  
Address: 7020 HIGH GROVE BOULEVARD  
City-St-Zip: BURR RIDGE, IL 60527 US

I hereby 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: CHRISTINE E. HARWIG

CFO

01/21/2010

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