

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000053135

**FILED**  
**Apr 04, 2010**  
**Secretary of State**

**Entity Name:** NTHELITE PRODUCTIONS LLC

**Current Principal Place of Business:**

270 SE MIZNER BLVD  
706  
BOCA RATON, FL 33432 US

**Current Mailing Address:**

270 SE MIZNER BLVD  
706  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

551 LAVERS CIRCLE  
375  
DELRAY BEACH, FL 33444 US

**New Mailing Address:**

551 LAVERS CIRCLE  
375  
DELRAY BEACH, FL 33444 US

**FEI Number:** 02-0810874

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GILES, KERI A  
270 SE MIZNER BLVD  
270  
BOCA RATON, FL 33432 US

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

GILES, KERI A  
551 LAVERS CIRCLE  
375  
DELRAY BEACH, FL 33444 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: KERI A GILES

04/04/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GILES, KERI A  
Address: 551 LAVERS CIRCLE APT 375  
City-St-Zip: DELRAY BCH, FL 33444 US

Title: MGRM  
Name: GILES, CHRISTOPHER M  
Address: 551 LAVERS CIRCLE APT 375  
City-St-Zip: DELRAY BCH, FL 33444 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: KERI A GILES

MRS

04/04/2010

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