


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90134 026 ***138.75

DOCUMENT # L07000057889			
1. Entity Name NH WEBSITE DESIGN LLC			
Principal Place of Business 3964 NW 92ND AVE. SUNRISE, FL 33351		Mailing Address 3964 NW 92ND AVE. SUNRISE, FL 33351	
2. Principal Place of Business - No P.O. Box #: 3168 NW 88 ave		3. Mailing Address: 3168 NW 88 ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sunrise Florida		City & State Sunrise Florida	
Zip 33351	Country USA	Zip 33351	Country USA
6. Name and Address of Current Registered Agent CHIBNIK, LOUIS 16434 NE 33RD AVE. NORTH MIAMI BEACH, FL 33180		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
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	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAROSH, NISSIM 3964 NW 92ND AVE. SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	the same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3168 NW 88 ave SUNRISE FL 33351
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

SIGNATURE: NISSIM HAROSH

02-07-08

754-246-0484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

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.