

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071407

Entity Name: NESTING HEIGHTS, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

1011 SE 4TH COURT
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

1575 N. TREASURE DR.
101
NORTH BAY VILLAGE, FL 33141

Current Mailing Address:

1011 SE 4TH COURT
DEERFIELD BEACH, FL 33441

New Mailing Address:

1575 N. TREASURE DR.
101
NORTH BAY VILLAGE, FL 33141

FEI Number: 26-2388691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 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: MGRM () Delete
Name: CARRION, ALEJANDRO
Address: 1011 SE 4TH COURT
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARRION, ALEJANDRO
Address: 1575 N. TREASUER DRIVE, APT. 101
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: MGRM () Change (X) Addition
Name: CARRION, URSULSA
Address: 1575 N. TREASUER DRIVE, APT. 101
City-St-Zip: NORTH BAY VILLAGE, FL 33141

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: ALEJANDRO CARRION

MGRM

04/23/2009

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