

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000101865

**FILED**  
**Sep 16, 2008**  
**Secretary of State**

**Entity Name:** NEWPORT PROGRESSIVE BUSINESS, LLC.

**Current Principal Place of Business:**

5015 US HWY 19 NORTH  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5015 US HWY 19 NORTH  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SHAIHK, JUTTA  
5015 US HWY 19 NORTH  
NEW PORT RICHEY, FL 34652 US

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

SHAIKH, JUTTA  
5015 US HWY 19 NORTH  
NEW PORT RICHEY, FL 34652 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: SHAIKH JUTTA

09/16/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHAIHK, JUTTA  
Address: 5015 US HWY 19 NORTH  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHAIKH, JUTTA  
Address: 5015 US HWY 19 NORTH  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: SHAIKH JUTTA

MGRM

09/16/2008

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