

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104822

FILED  
Jan 05, 2009  
Secretary of State

**Entity Name:** NATIONAL PENSION ASSOCIATES, LLC

**Current Principal Place of Business:**

2170 W. STATE ROAD 434, SUITE 116  
LONGWOOD, FL 32779

**New Principal Place of Business:**

2170 W. STATE ROAD 434  
SUITE 116  
LONGWOOD, FL 32779

**Current Mailing Address:**

2170 W. STATE ROAD 434, SUITE 116  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 26-1653198      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

WILDER, CHARLES D ESQ.  
ESTATE PLANNING AND LEGACY LAW CENTER, PLC  
159 LOOKOUT PLACE, SUITE 101  
MAITLAND, FL 327514466 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 ( ) Delete  
Name: TOTH, STEPHEN P  
Address: 2170 W. STATE ROAD 434, SUITE 116  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEPHEN P. TOTH

MM

01/05/2009

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