2008 LIMITED LIABILITY COMPANY

FILED Jun 27, 2008 8:00 am

ANNU	AL REPUBLI (AB)) - DAE BA V	лат	4, 2008	5/.	~ ~ ·	, = 00		, o tem
DOCUMENT # L07000114876 1. Eraily Name				Secretary of State 05-28-2008 90140 002 ***138.75					
NHCC, LLC									
Principal Place of Business Mailing Address									
13833 WELLINGTON TRACE, E4, SUITE 212 13833 WELL			VELLINGTON TRACE, E4, SUITE 212 GTON FL 33414						
Principal Place of Business - No P.O. Box # 3. Mailing Address							210 22121 112 - 11311 6		412 H (2-)
Suite, Apr. #. etc.		Suite, Apt. #, etc.			1	st MOORE	CR2E083	(10/07)	
City & State		City & State			4. FEI Num	26-138	8742	, ,—	oplied For ot Applicable
Zip	Country	Ζiρ	Country			te of Status Desired		\$5.00 Add	ditional
6. Name and Address of Current R		egistered Agent			7. Name ar	nd Address of Nev		•	-
Name									
138	ŴFORD, CÂROLYN 33 WELLINGTON TRACE, E LLINGTON FL 33414	4, SUITE 212	Street Address (I	s (P.O. Box Number is Not Acceptable)					
				City				<u> </u>	
				City			FL	Zip Cod	
8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE							132/0	-	
Signafile. Noce of 27 right namages registered agent and Life 4 sopicated. IthOTE Registers Agent signature registered agent and Life 4 sopicated. FILE NOW!!! FEE IS \$138.75									
After May 1, 2008, Fee Will Be \$538. Make Check Payable to Florida Departmen									
9. MANAGING MEMBERS/MANAGERS 10.						ADDITION	S/CHANGES		
TITLE	MGRM Delete Til							Change	Addition
NAME CRAWFORD, CAROLYN			NAME	ľ					
CITY-ST-ZIP	STREET ADDRESS 13833 WELLINGTON TRACE, E4, SUITE 212 SITY-ST-ZIP WELLINGTON FL 33414			ET ADDRESS ST-ZIP					
TIFLE	MGRM Delete 7							Change	Addition
NAME STPEET ADDRESS	CRAWFORD, STEPHEN			: 					
CITY-ST-ZIP				ET ADDRESS ST-ZIP					
TITLE		☐ Detete	TITLE)				Change	☐ Addition
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STREET ADDRESS	1	•	NAME STREE	T ADDRESS					\
CITY+ST-ZIP		·······		5T-ZIP					
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NAME STREET ADDRESS			NAME	T ADDRESS					
CITY-SI-ZIP			CITY-	ST-ZTP					
11. I hereby centry that the information supplied wim this filing does not qualify for the exemptions contained in Section 119, Florids Statutes, I further certify that the information indicated on this report is true and accurate and their 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 of the receiver or trusted approved to execute this report as required by Chapter 608, Florida Statutes.									
au hor									
SIGNATURE: 3-30-08 SIGNATURE AND THE OR PRINTED INDIES OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DING CHICAL PLACE BY									
	BURNIUMS AND TYPES OR PRINTED NAME OF	STUMING MANAGING MEMBER, MAN	AGER, OR	AUTHORIZED REPRESEN	TATIVE	Date	C40	кта Риде в	ļ