

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000117186

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** NFTMY LLC

**Current Principal Place of Business:**

2199 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2199 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 80-0141608

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEWART AGENT SERVICES  
2199 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES, FL 33134 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:** MGRP  
**Name:** STINSON, LOUIS JR.  
**Address:** 2199 PONCE DE LEON BLVD., SUITE 301  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** MGRS  
**Name:** JORDAN, KATHRYN  
**Address:** 2199 PONCE DE LEON BLVD., SUITE 301  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** MGRV  
**Name:** SKINNER, TRUMAN A  
**Address:** 2199 PONCE DE LEON BLVD STE 301  
**City-St-Zip:** MIAMI, FL 33134

I hereby 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:** LOUIS STINSON, JR.

MGRP

04/07/2010

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