

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007859

FILED
Feb 23, 2009
Secretary of State

Entity Name: N.P. ENTERPRISES OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

4339 FOXTAIL LANE
WESTON, FL 33331

New Principal Place of Business:

47 SIMONTON CIRCLE
WESTON, FL 33326

Current Mailing Address:

4339 FOXTAIL LANE
WESTON, FL 33331

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PEREZ, NATALIE J
4339 FOXTAIL LANE
WESTON, FL 33331 US

Name and Address of New Registered Agent:

PEREZ, NATALIE J
47 SIMONTON CIRCLE
WESTON, FL 33326 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: NATALIE J. PEREZ

02/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEREZ, NATALIE J
Address: 6108 CALL STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: MGRM () Delete
Name: LEWIS, TAMARA S
Address: 4339 FOXTAIL LANE
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PEREZ, NATALIE J
Address: 47 SIMONTON CIRCLE
City-St-Zip: WESTON, FL 33326

Title: MGRM (X) Change () Addition
Name: LEWIS, TAMARA F
Address: 4339 FOXTAIL LANE
City-St-Zip: WESTON, FL 33331

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: NATALIE J. PEREZ

MGRM

02/23/2009

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