

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035272

Entity Name: NAS ASSOCIATES, LLC

FILED  
Jan 05, 2009  
Secretary of State

**Current Principal Place of Business:**

917 RIDGESIDE COURT  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

917 RIDGESIDE COURT  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 68-0676132

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GORZKA, CLAUDIA  
917 RIDGESIDE COURT  
APOPKA, FL 32712 US

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

GOZKA, CLAUDIA  
917 RIDGESIDE COURT  
APOPKA, FL 32712 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: C GOZKA

01/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GOZKA, CLAUDIA  
Address: 917 RIDGESIDE COURT  
City-St-Zip: APOPKA, FL 32712

Title: MGRM (X) Delete  
Name: GOZKA, JIM  
Address: 917 RIDGESIDE COURT  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES:**

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

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: C GOZKA

MGR

01/05/2009

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