

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000059654

Entity Name: NDS LOGISTICS, LLC

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

284 NW 46TH ST.  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

284 NW 46TH ST.  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: 26-4268288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GATES, WILLIAM R II  
284 NW 46TH ST.  
BOCA RATON, FL 33431 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: MGRM  
Name: GATES, WILLIAM R II  
Address: 284 NW 46TH ST.  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM  
Name: GATES, WILLIAM  
Address: 4220 SW MALLARD CREEK TRL  
City-St-Zip: PALM CITY, FL 34990

Title: MGR  
Name: GATES, MARY  
Address: 205 PINE VALLEY DR.  
City-St-Zip: WARNER ROBINS, GA 31088

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: WILLIAM GATES

MGRM

01/14/2010

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