

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062916

FILED
May 11, 2009
Secretary of State

Entity Name: NAH-DEH E. W. SIMMONS LLC

Current Principal Place of Business:

3500 UNIVERSITY BLVD. N. 1904
JACKSONVILLE, FL 32277

New Principal Place of Business:

8787 SOUTHSIDE BLVD. #8787
JACKSONVILLE, FL 32256

Current Mailing Address:

PO BOX 41083
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 80-0231989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SIMMONS, NAH-DEH
3500 UNIVERSITY BLVD. N. 1904
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

SIMMONS, NAH-DEH
8787 SOUTHSIDE BLVD. #5016
JACKSONVILLE, FL 32256 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: NAH-DEH SIMMONS

05/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIMMONS, NAH-DEH
Address: 3500 UNIVERSITY BLVD. N. 1904
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SIMMONS, NAH-DEH
Address: 8787 SOUTHSIDE BLVD. #5016
City-St-Zip: JACKSONVILLE, FL 32256

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: NAH-DEH SIMMONS

MR.

05/11/2009

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