

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096269

Entity Name: N.B.W. DR. CREDIT, LLC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

2415 WEST TENNESSEE STREET  
TALLAHASSEE, FL 32304 US

## New Principal Place of Business:

2412 WEST TENNESSEE STREET  
TALLAHASSEE, FL 32304 US

## Current Mailing Address:

2415 WEST TENNESSEE STREET  
TALLAHASSEE, FL 32304 US

## New Mailing Address:

2412 WEST TENNESSEE STREET  
TALLAHASSEE, FL 32304 US

FEI Number: 26-3527387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MYERS & FULLER, P.A.  
2822 REMINGTON GREEN CIRCLE  
TALLAHASSEE, FL 32308 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 ( ) Delete  
Name: HERNANDEZ, LOUIS  
Address: 2415 WEST TENNESSEE STREET  
City-St-Zip: TALLAHASSEE, FL 32304 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HERNANDEZ, LOUIS  
Address: 2412 WEST TENNESSEE STREET  
City-St-Zip: TALLAHASSEE, FL 32304 US

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: NONA MARKHAM

CONT

04/30/2009

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