

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097825

FILED
Mar 02, 2009
Secretary of State

Entity Name: NWA INVESTORS IV-A, LLC

Current Principal Place of Business:

C/O NEW WORLD ANGELS, INC.
3701 FAU BLVD., SUITE 210
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

C/O NEW WORLD ANGELS, INC.
3701 FAU BLVD., SUITE 210
BOCA RATON, FL 33431 US

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:

TEAGUE, JANE E
NEW WORLD ANGELS, INC.
3701 FAU BLVD., SUITE 210
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: MGR () Delete
Name: LORENTZEN, MATTHEW
Address: 3701 FAU BLVD., SUITE 210
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR () Delete
Name: TANNER, ALISON
Address: 3701 FAU BLVD., SUITE 210
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR () Delete
Name: BRUE, NORDAHL
Address: 3701 FAU BLVD., SUITE 210
City-St-Zip: BOCA RATON, FL 33431 US

ADDITIONS/CHANGES:

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

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: MATT.LORENTZEN@GMAIL.COM

MGR

03/02/2009

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