

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000019399

Entity Name: NPR HON, LLC

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5201 N. GRAPE ROAD  
MISHAWAKA, IN 46545

**New Principal Place of Business:**

**Current Mailing Address:**

5201 N. GRAPE ROAD  
MISHAWAKA, IN 46545

**New Mailing Address:**

FEI Number: 26-4367568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHEELER, CLYDE CFO/MGR  
8442 U.S. HIGHWAY 19  
PORT RICHEY, FL 34668 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  
Name: LEEP, MICHAEL R SR.  
Address: 5201 N. GRAPE ROAD  
City-St-Zip: MISHAWAKA, IN 46545

Title: MGR  
Name: REESE, DONALD  
Address: 5201 N. GRAPE ROAD  
City-St-Zip: MISHAWAKA, IN 46545

Title: MGR  
Name: WHEELER, CLYDE  
Address: 5201 N. GRAPE ROAD  
City-St-Zip: MISHAWAKA, IN 46545

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: MICHAEL R. LEEP SR.

MGR

01/12/2011

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