

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000049750

**Entity Name:** NEXGEN FRAMING & DESIGN LLC

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

445 STAN DRIVE  
UNIT #1  
MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 120609  
WEST MELBOURNE, FL 32912 US

**New Mailing Address:**

**FEI Number:** 27-0223914

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SINGLETON, CLIFTON D  
445 STAN DRIVE  
UNIT #1  
WEST MELBOURNE, FL 32904 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:** SINGLETON, CLIFTON D  
**Address:** PO BOX 120609  
**City-St-Zip:** WEST MELBOURNE, FL 32912 US

**Title:** MGRM  
**Name:** TROLL, CHRISTIAN  
**Address:** 4290 LAKERIDGE DRIVE  
**City-St-Zip:** MELBOURNE, FL 32934 US

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:** CLIFTON D SINGLETON

MGRM

04/30/2011

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