

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000078861

Entity Name: NATIONSWORK, LLC

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10006 CROSS CREEK BLVD., UNIT 403  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2265  
HICKORY, NC 28603

**New Mailing Address:**

FEI Number: 27-0718262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEWMAN, THOMAS M  
10006 CROSS CREEK BLVD., UNIT 403  
TAMPA, FL 33647 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: NEWMAN, THOMAS M  
Address: 10006 CROSS CREEK BLVD., UNIT 403  
City-St-Zip: TAMPA, FL 33647

Title: MGR  
Name: GREENWAY, LARRY  
Address: 10006 CROSS CREEK BLVD., UNIT 403  
City-St-Zip: TAMPA, FL 33647

Title: MGR  
Name: BROWN, LEE G  
Address: P.O. BOX 2265  
City-St-Zip: HICKORY, NC 28603

Title: MGR  
Name: TOWNSEND, R. KEITH  
Address: P.O. BOX 2265  
City-St-Zip: HICKORY, NC 28603

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: R. KEITH TOWNSEND

MGR

04/05/2010

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