

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000003037

Entity Name: NOWAKIE LLC

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1083 BENT WAY CT  
APOPKA, FL 32703

**New Principal Place of Business:**

1121 OCOEE APOPKA RD  
APOPKA, FL 32703

**Current Mailing Address:**

1083 BENT WAY CT  
APOPKA, FL 32703

**New Mailing Address:**

FEI Number: 27-1628147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUTLER, JAMES C SECOND  
1083 BENT WAY CT  
APOPKA, FL 32703 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: BUTLER, JAMES C SECOND  
Address: 1083 BENT WAY CT  
City-St-Zip: APOPKA, FL 32703

Title: MGRM  
Name: BUTLER, JAMES C SR.  
Address: 337 OAKWOOD LANE  
City-St-Zip: PERRY, MI 48872 US

Title: MGRM  
Name: ROSANOVA, MATIN J  
Address: 329 TULANE DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 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: JAMES C BUTLER SECOND

MGRM

03/28/2011

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