

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000003037

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** NOWAKIE LLC

**Current Principal Place of Business:**

1129 OCOEE APOPKA RD BLDG B  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

1129 OCOEE APOPKA RD BLDG B  
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, MARTIN 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

04/11/2012

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