

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000049796

Entity Name: NALACE LLC

**FILED**  
**Sep 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1345 LAKEVIEW AVE.  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

1345 LAKEVIEW AVE.  
KISSIMMEE, FL 34744

**New Mailing Address:**

FEI Number: 27-2537079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROUSE, LEONA M  
1345 LAKEVIEW AVE.  
KISSIMMEE, FL 34744 US

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

BROUSE, LEONA M  
1345 LAKEVIEW AVE.  
KISSIMMEE, FL 34744 US

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

09/24/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WILSON, SAMANTHA F  
Address: 1345 LAKEVIEW AVE.  
City-St-Zip: KISSIMMEE, FL 34744

Title: MGRM  
Name: WILSON, ESTA F  
Address: 1345 LAKEVIEW AVE.  
City-St-Zip: KISSIMMEE, FL 34744

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: SAMANTHA WILSON

MGR

09/24/2012

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