

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000080183

Entity Name: NSB KEY LLC

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

206 DUE EAST AVE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

206 DUE EAST AVE  
NEW SMYRNA BEACH, FL 32169 UN

**Current Mailing Address:**

206 DUE EAST AVE  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

206 DUE EAST AVE  
NEW SMYRNA BEACH, FL 32169 UN

FEI Number: 45-2732422

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LONG, LESLIE  
206 DUE EAST AVE  
NEW SMYRNA BEACH, FL 32169 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: LONG, LESLIE  
Address: 206 DUE EAST AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: MGRM  
Name: VISCARDI, STEVEN  
Address: 206 DUE EAST AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: MGRM  
Name: SKRABAK, JENNIFER  
Address: 2072 GAP NEWPORT PIKE  
City-St-Zip: COCKRANVILLE, PA 19330 US

Title: MGRM  
Name: SKRABAK, JOHN  
Address: 2072 GAP NEWPORT PIKE  
City-St-Zip: COCKRANVILLE, PA 19330 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: LESLIE LONG

MGRM

01/05/2012

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