

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003455 AF

DOCUMENT # L98000003119

1. Entity Name  
N.F.I.G., LLC

FILED

01 MAR 13 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
742 WEST MADISON STREET  
TALLAHASSEE FL 32302

Mailing Address  
742 WEST MADISON STREET  
TALLAHASSEE FL 32302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3598569

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWHON, MARY  
C/O SHELL POINT REALTY  
2473 CRAWFORDVILLE HIGHWAY  
CRAWFORDVILLE FL 32327

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WALSH, ROBERT  
742 WEST MADISON STREET  
TALLAHASSEE FL 32302 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300003891233--0  
-03/21/01--01105--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)