## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L9900000917

1. Entity Name

## **NOSONS LIMITED COMPANY**



**FILED** Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90123 006 \*\*\*\*50.00

|  |                                       |  |   |             | THE T                                    |  |  |   |                    |                             |              |
|--|---------------------------------------|--|---|-------------|--|--|--|---|--------------------|-----------------------------|--------------|
| Principal Place  | e of Business                         |  | Mailing Address   |             |  |  |  |   |                    |                             |              |
| 1633 PERIWINKLE WAY<br>SUITE A<br>SANIBEL ISLAND FL 33957<br>US  |                                       |  | 1633 PERIWINKLE WAY<br>SUITE A<br>SANIBEL ISLAND FL 33957<br>US |             |  | 11021  | AN BIA 1200 AND AND AND AND                                      | <b>11</b> 201 <b>11</b> 201 <b>11</b> 211 <b>11</b> | 111 <b>1</b> 1818. | <br>   <b>  </b>            |              |
| 2. Principal Place of Business   |                                       |  | 3. Mailing Address  |             |  |  |  |   |                    |                             |              |
| Suite, Apt. #, etc.  |                                       |  | Suite, Apt. #, etc.   |             |  |  | CHECK HERE IF MAKING CHANGES                                     |   |                    |                             |              |
| City & State   |                                       |  | City & State  |             |  | 4. FEI Num   | ber 65-0960473   | }   | <b>─</b>           | oplied For<br>ot Applicable | 7            |
| Zip Country  |                                       | ountry   | Zip Count   |             | ntry                                     | 5. Certifica   | 5. Certificate of Status Desired Status Desired Fee Requirements |   | 00 Ad              | ditional                    |              |
|  | 6. Name and                           | Address of Current Re                                | gistered Agent  | J           |  | 7. Name ar   | d Address of New Re  | gistered Agen                                       | nt                 |                             | _            |
| AAI 15   | RTY, TIMOTHY-                         | برانید.<br>برانید در در معمرتبرسدم}                  |   | <br>&       | Name -                                   |  | منهود والمتوادي  | " . <del>" . " . " . " . " . " . " . " . " .</del>  | a                  |                             |              |
| 1633 PERIWINKLE WAY<br>SUITE A   |                                       |  |   | •           | Street Add                               |  | ber is Not Acceptable)   |   |                    |                             | 1            |
| SANIBEL ISLAND FL 33957  |                                       |  |   |             |  |  |  |   |                    |                             |              |
|  |                                       |  |   |             | City                                     |  |  |   | Zip Cod            |                             |              |
| the obligation of the obligati | named entity sub<br>ons of registered | mits this statement for thagent.                     | e purpose of changing its                                       |             | ed office or re                          | gistered agent, or b   | oth, in the State of Flori                                       | da. I am famili                                     | iar with,          | and accept                  |              |
| SIGNATURE _  | Signature, typed or print             | ed name of registered agent and t                    | <del></del>   | : Registere | d Agent signature i                      | required when reinstating)   |  | DATE  |                    |                             |              |
|  |                                       |  | Make Check Payabl   | e to Flo    | FEE IS \$50<br>orida Depai<br>ay 1, 2003 |  |  |   |                    |                             |              |
| 9.   |                                       | MANAGING MEMBERS                                     | /MANAGERS   | 10.         |  | · · · · · · · · · · · · · · · · · · ·  | ADDITIONS/C  | HANGES  |                    |                             | 1.           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 1633 PERIWII                          | I WATSON, CLIVE<br>NKLE WAY, SUITE A<br>AND FL 33957 | ☐ Delete  |             |  |  | ·  |   | Change             | ☐ Addition                  | E083 (10/02) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 1633 PERIWII                          | ENDA NORMA<br>NKLE WAY, SUITE A<br>AND FL 33957      | ☐ Delete  |             | 1  | -  |  |   | Change             | ☐ Addition                  | [60]         |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                       |  | ☐ Delete  |             |  |  | دري <b>د مد</b> د <del>محمود</del> دي                            | ,   | Change             | Addition                    |              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                       |  | □ Delete  |             |  | The strength of the strength o |  | · <u></u> ^ · <u></u>                               | Change             | Addition                    |              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                       |  | □ Delete  |             | i  |  |  |   | Change             | ☐ Addition                  |              |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                       |  | ☐ Delete  |             |  |  |  |   | Change             | Addition                    |              |

11. I hereby certify that the information supplies that his 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 trat 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 put ted empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

AGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #