

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000006414

1. Entity Name
N SQUARED INTERNATIONAL, L.C.



Principal Place of Business
**2621 NOBLE DRIVE
TALLAHASSEE, FL 32312**

Mailing Address
**2621 NOBLE DRIVE
TALLAHASSEE, FL 32312**



01132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3611056

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NORMAN, NANCY C
1415 TIMBERLANE ROAD, SUITE 201
TALLAHASSEE, FL 32312**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is 50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NORMAN, DAVID W
STREET ADDRESS	2621 NOBLE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	MGRM
NAME	NORMAN, NANCY C
STREET ADDRESS	2621 NOBLE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	MGRM
NAME	NEWCOMB, BONNIE B
STREET ADDRESS	2578 CANVASBACK COURT
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/07-80028-011 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Nancy C. Norman **NANCY C. NORMAN** 01/22/07 850-386-5093