

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004445

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: NBS NASHVILLE, LLC

**Current Principal Place of Business:**

503-C LIGON DRIVE  
NASHVILLE, TN 37204

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 41714  
NASHVILLE, TN 37204

**New Mailing Address:**

FEI Number: 59-3774462      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, STE. 4  
WESTON, FL 33331 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 ( ) Delete  
Name: COLLINS, RICHARD A  
Address: 2617 EUGENIA AVENUE  
City-St-Zip: NASHVILLE, TN 37211

Title: MGRM ( ) Delete  
Name: COLLINS, OUITA C  
Address: 2617 EUGENIA AVENUE  
City-St-Zip: NASHVILLE, TN 37211

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: COLLINS, RICHARD A  
Address: 503-C LIGON DRIVE  
City-St-Zip: NASHVILLE, TN 37204

Title: MGRM (X) Change ( ) Addition  
Name: COLLINS, OUITA C  
Address: 503-C LIGON DRIVE  
City-St-Zip: NASHVILLE, TN 37204

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RICK COLLINS

MGRM

04/30/2009

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