2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2008
Secretary of State

DOCUMENT# M06000005223

Entity Name: NU PRODUCT DESIGN, LLC

Current Principal Place of Business:

18019 MALAKAI ISLE DR
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

18019 MALAKAI ISLE DR
TAMPA, FL 33647

New Mailing Address:

FEI Number: 20-5533503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCUTCHEN, ANDREW T
10335 CROSS CREEK BLVD. STE 23
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

MCCUTCHEN, ANDREW T
18019 MALAKAI ISLE DR
TAMPA, FL 33647 US

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: ANDREW MCCUTCHEN 04/26/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ASHBY, AUSTIN
Address: PO BOX 91641
City-St-Zip: TUCSON, AZ 857521641

Title: MGRM ( ) Delete
Name: MCCUTCHEN, ANDREW T
Address: 18019 MALAKAI ISLE DR
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANDREW MCCUTCHEN MGRM 04/26/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date