

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000002882

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** NUVIEW FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

3161 MICHELSON DR SUITE 900  
IRVINE, CA 92612

**New Principal Place of Business:**

7505 IRVINE CENTER DRIVE  
IRVINE, CA 92618

**Current Mailing Address:**

3161 MICHELSON DR SUITE 900  
IRVINE, CA 92612

**New Mailing Address:**

7505 IRVINE CENTER DRIVE  
IRVINE, CA 92618

**FEI Number:** 27-2765150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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:** MGR  
**Name:** KNOHL, ROBERT  
**Address:** 3161 MICHELSON DR SUITE 900  
**City-St-Zip:** IRVINE, CA 92612

**Title:** MGR  
**Name:** ALDOUS, TYLER  
**Address:** 3161 MICHELSON DR SUITE 900  
**City-St-Zip:** IRVINE, CA 92612

**Title:** MGR  
**Name:** BONANNI, MARC  
**Address:** 3161 MICHELSON DR SUITE 900  
**City-St-Zip:** IRVINE, CA 92612

I hereby 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:** MARC BONANNI

MGR

01/06/2011

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