

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000072327

FILED  
Jul 03, 2010  
Secretary of State

**Entity Name:** THE NORTH PORT NIGHTMARES, LLC

**Current Principal Place of Business:**

5443 FOXWOOD DR  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

5443 FOXWOOD DR  
SARASOTA, FL 34232

**New Mailing Address:**

FEI Number: 80-0445365

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHNAITTER, VIRGINIA F  
5443 FOXWOOD DR  
SARASOTA, FL 34232 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  
Name: SCHNAITTER, VIRGINIA F  
Address: 5443 FOXWOOD DR  
City-St-Zip: SARASOTA, FL 34232

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: VIRGINIA.F SCHNAITTER

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07/03/2010

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