

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074107

Entity Name: NIL ENTERPRISES, L.L.C.**Current Principal Place of Business:**6085 N.W. 66 WAY
PARKLAND, FL 33067**Current Mailing Address:**6085 N.W. 66 WAY
PARKLAND, FL 33067**FEI Number:** 34-2022441**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATEL, RATILAL D
6085 N.W. 66 WAY
PARKLAND, FL 33067 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**Title MGRM
Name DESAI, NIRJARI M
Address 7026 N.W. 68 DRIVE
City-State-Zip: PARKLAND FL 33067Title MGRM
Name PATEL, RATILAL D
Address 6085 N.W. 66 WAY
City-State-Zip: PARKLAND FL 33067Title MGRM
Name PATEL, DINESH D
Address 7102 PINECREEK WAY
City-State-Zip: COCONUT CREEK FL 33073Title MGRM
Name PATEL, INDU R
Address 6085 N.W. 66 WAY
City-State-Zip: PARKLAND FL 33067Title MGRM
Name PATEL, LEELA D
Address 7102 PINECREEK WAY
City-State-Zip: COCONUT CREEK FL 33073

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RATILAL PATEL**REG AGENT****04/14/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date