

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000115112

**Entity Name:** NUB, LLC

**Current Principal Place of Business:**

664 AVOCET ROAD  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

664 AVOCET ROAD  
DELRAY BEACH, FL 33444 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

STINA, PAUL  
664 AVOCET ROAD  
DELRAY BEACH, FL 33444 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 STINA, PAUL  
Address 664 AVOCET ROAD  
City-State-Zip: DELRAY BEACH FL 33444

Title MGRM  
Name STINA, CHRISTY  
Address 664 AVOCET ROAD  
City-State-Zip: DELRAY BEACH FL 33444

*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:** PAUL STINA

MGRN

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date