

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000005935

**Entity Name:** NS 190 STREET, LLC

**Current Principal Place of Business:**

17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

PO BOX 2399  
TOA BAJA, PR 00951 PR

**FEI Number: 46-4501689**

**Certificate of Status Desired: Yes**

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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	MGR	Title	MGR
Name	SHUB, SENDER	Name	MENDA, NELSON
Address	PO BOX 2399	Address	PO BOX 2399
City-State-Zip:	TOA BAJA PR 00951	City-State-Zip:	TOA BAJA PR 00951

*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: SENDER SHUB**

**MANAGER**

**04/29/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date