

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000010250

Entity Name: NDS,LLC

Current Principal Place of Business:

905 E PRIMA VISTA BLVD
SUITE D
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

905 E PRIMA VISTA BLVD
SUITE D
PORT SAINT LUCIE, FL 34952

FEI Number: 46-4568671

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TOLEDO, JOSE R
827 SE 5TH STREET
STUART, FL 34994 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	AMBR	Title	AMBR
Name	TOLEDO, JOSE R	Name	TOLEDO, ILEANA M
Address	905 E PRIMA VISTA BLVD	Address	9 NORTH RIVER RD
City-State-Zip:	PORT SAINT LUCIE FL 34952	City-State-Zip:	STUART FL 34996

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: JOSE R TOLEDO

AMBR

01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date