

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060017

Entity Name: NM INVESTMENTS, LLC

FILED
Apr 18, 2008
Secretary of State

Current Principal Place of Business:

13199 NW 107TH AVENUE
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

Current Mailing Address:

C/O RONNY J. HALPERIN, P.A.
17961 BISCAYNE BLVD., SUITE B-1
AVENTURA, FL 33160

New Mailing Address:

13199 NW 107TH AVENUE
HIALEAH GARDENS, FL 33018

FEI Number: 26-0308786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RONNY J. HALPERIN, P.A.
17961 BISCAYNE BOULEVARD
SUITE B-1
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

JOSE N CORREA, J.C. ACCOUNTING
833 SAVANNAH FALLS DR
WESTON, FL 33327 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: JOSE N CORREA

04/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ECHAVARRIA, MAURICIO RAMON
Address: 13199 NW 107TH AVENUE
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: MGRM () Delete
Name: QUITAN, NUBIA
Address: 13199 NW 107TH AVENUE
City-St-Zip: HIALEAH GARDENS, FL 33018

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MAURICIO ECHAVARRIA

MGRM

04/18/2008

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