2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90571 040 ****50.00

DOCUMENT # L98000001499

1. Entity Name
NEMS, LLC

20003406

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
108 ALETA DRIVE BELLEAIR BEACH FL 33786	108 ALETA DRIVE BELLEAIR BEACH FL 33786

2. Principal Place of Business	3. Mailing Address
2140 RANGE RD	2140 RANGE RD
Suite, Apt. #, etc. UNIT H	Suite, Apt. #, etc. UNIT H
City & State CLEARWATER FL	City & State CLEARWATER, FL
Zip 33765	Zip 33765
Country PINELLAS	Country PINELLAS

4. FEI Number 59-3568598 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNET, NORMAND A
108 ALETA DRIVE
BELLEAIR BEACH FL 33786

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2140 RANGE RD UNIT H

City CLEARWATER **FL** Zip Code 33765

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Normand A Brunet 1-10-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BRUNET, NORMAND A 108 ALETA DRIVE BELLEAIR BEACH FL 33786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2140 RANGE RD UNIT H CLEARWATER FL 33765
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BRUNET, EDNA C 108 ALETA DRIVE BELLEAIR BEACH FL 33786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ↑ SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Normand A Brunet 1-10-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #