

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020539

Entity Name: NEXUS SERVICES, LLC

FILED  
May 07, 2007  
Secretary of State

**Current Principal Place of Business:**

3235 NW 62ND ST  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

3235 NW 62ND ST  
MIAMI, FL 33147

**New Mailing Address:**

FEI Number: 20-0036450      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MELAND, RUSSIN & BUDWICK, P.A.  
3000 WACHOVIA FINANCIAL CENTER  
200 SOUTH BICAYNE BLVD  
MIAMI, FL 33131 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: VIOLA, MARCO  
Address: 1200 EAST PUTNAM AVE  
City-St-Zip: RIVERSIDE, CT 06878

Title: MGR      ( ) Delete  
Name: GLIKSBERG, JACQUES  
Address: 400 SKOKIE BLVD., SUITE 265  
City-St-Zip: NORTHBROOK, IL 60062

**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: JACQUES GLIKSBERG

MRG

05/07/2007

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