## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007974

**Entity Name: NEO MANAGER LLC** 

Principal Place of Pusiness

**Current Principal Place of Business:** 

C/O BRUCE FITELL 4976 SW 74 CT MIAMI, FL 33155

**Current Mailing Address:** 

P.O. BOX 143768

CORAL GABLES, FL 33114-3768 US

FEI Number: 02-0590794 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRUCE FITELL CPA C/O BRUCE FITELL 4976 SW 74 CT MIAMI, FL 33155 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: BRUCE FITELL 05/01/2017

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MGRM Title MGRM

NameCALDERON, LISSETTENameCALDERON, MARIAAddressP.O. BOX 143768AddressP.O. BOX 143768

City-State-Zip: CORAL GABLES FL 33114-3768 City-State-Zip: CORAL GABLES FL 33114-3768

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.

FILED May 01, 2017

**Secretary of State** 

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