

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000007700

**Entity Name:** NEO VERTIKA MANAGER, LLC

**Current Principal Place of Business:**

C/O BRUCE FITELL  
4973 SW 74 CT  
MIAMI, FL 33155

**Current Mailing Address:**

P.O. BOX 143768  
CORAL GABLES, FL 33114-3768 US

**FEI Number:** 41-2084535

**Certificate of Status Desired:** No

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

BRUCE FITELL, CPA  
C/O BRUCE FITELL  
4973 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name NEO CONCEPTS, LLC  
Address P.O. BOX 143768  
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.*

**SIGNATURE:** MARIA CALDERON

MGMR

03/26/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date