# 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.

GM

SIGNATURE: ELISEE PIERRE PAUL

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L14000181641

Entity Name: NECEPP FINANCIAL SOLUTIONS, LLC

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

3501 W VINE STREET, SUITE 508 KISSIMMEE, FL 34741

### **Current Mailing Address:**

11452 CITRA CIRCLE APT 107 WINDERMERE, FL 34786

# FEI Number: 47-2350352

### Name and Address of Current Registered Agent:

NADEGE, CHARLES 106 BONITO WAY KISSIMMEE, FL 34759 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:

Address

City-State-Zip:

 Electronic Signature of Registered Agent

 Authorized Person(s) Detail :
 Kitle
 MGR

 Title
 AMBR
 Title
 MGR

 Name
 PIERRE PAUL, ELISEE EA
 Name
 SUPREME, NIKETTE

| 11452 CITRA CIRCLE APT 107 | Address         |
|----------------------------|-----------------|
| WINDERMERE FL 34786        | City-State-Zip: |

FILED Apr 27, 2015 Secretary of State CC6473368114

Date

Certificate of Status Desired: No

11452 CITRA CIRCLE APT 107 WINDERMERE FL 34786

> 04/27/2015 Date