SIGNATURE:

May 27, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L0000009596 05-27-2002 90407 035 ****50.00 1. Entity Name NELIMI, LLC Principal Place of Business Mailing Address 907300 687 OCEAN BLVD. 667 OCEAN BLVD. **GOLDEN BEACH FL 33160** GOLDEN BEACH FL 33160 2. Principal Place of Business 3. Malling Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number APPLIED FOR-Applied For Zip Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required -7. Name and Address of New Registered Agent BEDZOW, MICHAEL 20803 BISCAYNE BLVD., SUITE 200 Street Address (P.O. Box Number is Not Acceptable) **AVENTURA FL 33180** City FÏ Zip Code 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. SIGNATURE 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 Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR Delete TITLE BRODA, LAURENT NAME Change ☐ Addition (<u>8</u> NAME STREET ADDRESS 667 OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP CP2E083 **GOLDEN BEACH FL 33160** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-719 IIILE ☐ Delete MILE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TIME NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 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 eath; 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.

Date

Deyome Phone e

gnature and typed or printed name of signing managing member, manager, or authorized representative

FILED