

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90055 040 \*\*\*\*50.00

**DOCUMENT # L02000007974**

1. Entity Name  
**NEO MANAGER LLC**



Principal Place of Business  
**3375 SW 3RD AVENUE  
MIAMI, FL 33145**

Mailing Address  
**3375 SW 3RD AVENUE  
MIAMI, FL 33145**

**20051405**

2. Principal Place of Business

**1637 S.W. 8th St.**  
Suite, Apt. #, etc.

3. Mailing Address

**1637 S.W. 8th St.**  
Suite, Apt. #, etc.



04272005 Chg-LLC CR2E083 (10/03)

City & State

**Miami FL**

City & State

**Miami FL**

4. FEI Number  
**02-0590794**

Applied For  
☐ Not Applicable

Zip

**33135**

Country

**USA**

Zip

**33135**

Country

**USA**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CALDERON, LISSETTE  
3375 SW 3RD AVENUE  
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**1637 S.W. 8th St.**

City

**Miami**

State

**FL**

Zip Code

**33135**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/05**

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
CALDERON, LISSETTE  
3375 SW 3 AVE.  
MIAMI, FL 33145** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
CALDERON, MARIA  
3375 SW 3 AVE.  
MIAMI, FL 33145** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
GUERRA, FRANK  
3375 SW 3 AVE.  
MIAMI, FL 33145** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**1637 SW 8th St  
Miami, FL 33135** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**1637 SW 8th St  
Miami, FL 33135** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**1637 S.W. 8th St.  
Miami, FL 33135** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/28/05 (305) 285-1418**