


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

COMPANY 2007 08:00 AM
ACCT # *1123/07*
DATE: *1/23/07*
AMNT: *\$50.00*
Secretary of State License Permits

DOCUMENT # L02000007974	
1. Entity Name NEO MANAGER LLC	

Principal Place of Business 1637 SW 8TH ST MIAMI, FL 33135	Mailing Address 1637 SW 8TH ST MIAMI, FL 33135
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0590794	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CALDERON, LISSETTE
1637 SW 8TH ST
MIAMI, FL 33135

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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDERON, LISSETTE 1637 SW 8TH ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALDERON, MARIA 1637 SW 8TH ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUERRA, FRANK 1637 SW 8TH ST MIAMI, FL 33135
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02/14/07-80058-004 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Frank Guerra* *1/23/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #