

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:54

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



01222008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0590794

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CALDERON, LISSETTE
STREET ADDRESS	1637 SW 8TH ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	MGRM
NAME	CALDERON, MARIA
STREET ADDRESS	1637 SW 8TH ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	MGRM
NAME	GUERRA, FRANK
STREET ADDRESS	1637 SW 8TH ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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:

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

Date

Daytime Phone #