2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# L02000008963

Entity Name: NEMEC, LLC

Current Principal Place of Business:

444 BUNKER RD.
SUITE 207
WEST PALM BEACH, FL 33405

New Principal Place of Business:

444 BUNKER RD.
SUITE 207
WEST PALM BEACH, FL 33405 US

Current Mailing Address:

444 BUNKER RD.
SUITE 207
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 45-0475388 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 S. FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: TYNER, DEBORAH N
Address: 444 BUNKER ROAD, STE 207
City-St-Zip: WEST PALM BEACH, FL 33405

Title: MGR ( ) Delete
Name: DOREMUS, THEODORE A
Address: 444 BUNKER ROAD, STE 207
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TYNER, DEBORAH N
Address: 444 BUNKER ROAD, STE 207
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: MGR (X) Change ( ) Addition
Name: DOREMUS, THEODORE A
Address: 444 BUNKER ROAD, STE 207
City-St-Zip: WEST PALM BEACH, FL 33405 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DEBORAH NEMEC TYNER MGR 03/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date