## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## Mar 11, 2003 8:00 am Secretary of State DOCUMENT # L02000015979 1. Entity Name 02-20-2003 90021 031 \*\*\*150.00 **NESIS FLORIDA, LLC** Principal Place of Business Mailing Address 1804 AVANTI COURT 1804 AVANTI COURT DAYTONA BEACH FL 32128-6928 DAYTONA BEACH FL 32128-6928 2. Principal Place of Business 3. Mailing Address 209-20 Suite, Apt. #, etd CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For ort Orand X Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired USĀ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MERCER, GERALD G Same Street Address (P.O. Box Number is Not Acceptable) 1804 AVANTI COURT DAYTONA BEACH FL 32128-6928 essua Zip Code イス (ス 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. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM THEF Delete TITLE Change NAME MERCER, GERALD G 209-2 Cessna Blud STREET ADDRESS 1804 AVANTI COURT STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32128-6928 CITY-ST-ZIP Port Orange, FL 32128 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-218 CITY-ST-ZIP TITLE Delete < TITLE --- 🗀 Change --- 🗔 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP TITLE ☐ Delete TITE F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED