

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028918

Entity Name: NEXICORE SERVICES, LLC

FILED
May 04, 2005
Secretary of State

Current Principal Place of Business:

7916 EVOLUTIONS WAY
TRINITY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

7916 EVOLUTIONS WAY
TRINITY, FL 34655 US

New Mailing Address:

FEI Number: 03-0489686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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/MEMBERS:

Title: MGR () Delete
Name: GRAFFIA, ANTHONY II
Address: 1610 COLONIAL PARKWAY
City-St-Zip: INVERNESS, IL 60067

Title: MGR (X) Delete
Name: GRAFFIA, ANTHONY
Address: 1610 COLONIAL PARKWAY
City-St-Zip: INVERNESS, IL 60067

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANTHONY GRAFFIA II

MGR

05/04/2005

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