

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009884

FILED
Apr 16, 2009
Secretary of State

Entity Name: NEURUS ENTERPRISES, LLC

Current Principal Place of Business:

2134 SE ST. LUCIE BLVD.
STUART, FL 34996

New Principal Place of Business:

525 SW AKRON AVENUE
STUART, FL 34994

Current Mailing Address:

2134 SE ST. LUCIE BLVD.
STUART, FL 34996

New Mailing Address:

525 SW AKRON AVENUE
STUART, FL 34994

FEI Number: 06-1684193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMA, EDUARDO D
2134 SE ST. LUCIE BLVD.
STUART, FL 34996 US

Name and Address of New Registered Agent:

CAMBLOR, MARCELA T
525 SW AKRON AVENUE.
STUART, FL 34994 US

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: MARCELA T. CAMBLOR

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEMA, EDUARDO D
Address: 2134 SE ST. LUCIE BLVD.
City-St-Zip: STUART, FL 34996

Title: MGRM (X) Delete
Name: CAMBLOR, MARCELA T
Address: 2134 SE ST. LUCIE BLVD.
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CAMBLOR, MARCELA T
Address: 525 SW AKRON AVENUE
City-St-Zip: STUART, FL 34994

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

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: MARCELA T CAMBLOR

MGRM

04/16/2009

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