

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037331

Entity Name: NEREO LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

1000 5TH AVE, SUITE 403
MIAMI, FL 33139

New Principal Place of Business:

1000 5TH STREET
SUITE 403
MIAMI BEACH, FL 33139

Current Mailing Address:

1000 5TH AVE, SUITE 403
MIAMI, FL 33139

New Mailing Address:

1000 5TH STREET
SUITE 403
MIAMI BEACH, FL 33139

FEI Number: 42-1605301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADILLA, JOSÉ A
1395 BRICKELL AVENUE
SUITE 800
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

PADILLA, JOSÉ A
1000 5TH STREET
SUITE 403
MIAMI BEACH, FL 33139 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:

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PADILLA, JOSÉ A
Address: 1000 5TH AVE, SUITE 403
City-St-Zip: MIAMI, FL 33139

Title: MGRM () Delete
Name: CHIMENTO, FEDERICA
Address: 1000 5TH AVE, SUITE 403
City-St-Zip: MIAMI, FL 33139

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PADILLA, JOSÉ A
Address: 1000 5TH STREET, SUITE 403
City-St-Zip: MIAMI BEACH, FL 33139

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: RICHARD TASCA

MGRM

04/29/2008

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