

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

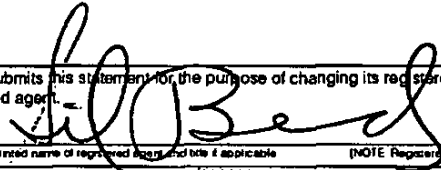
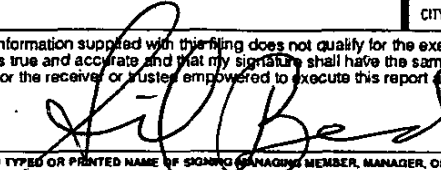
FILED
Mar 21, 2005 8:00 am
Secretary of State

02-03-2005 90115 013 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L03000052327					
1. Entity Name NELESCA GROUP LLC					
Principal Place of Business 2550 GREENWOOD DRIVE KISSIMMEE FL 34744			Mailing Address 2550 GREENWOOD DRIVE KISSIMMEE FL 34744		
2. Principal Place of Business			3. Mailing Address		
Suits, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0510496	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BENAVIDES, SILVIA 2550 GREENWOOD DRIVE KISSIMMEE FL 34744			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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.					
SIGNATURE  DATE X 1-28-05					
FILE NOW!!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENAVIDES, SILVIA 2550 GREENWOOD DR. KISSIMMEE FL 34744	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENAVIDES, GUILLERMO 2550 GREENWOOD DR. KISSIMMEE FL 34744	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENAVIDES, NELSON 2550 GREENWOOD DR. KISSIMMEE FL 34744	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENAVIDES, SERGIO 2550 GREENWOOD DR. KISSIMMEE FL 34744	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:  Date 3-16-05					