

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034275

Entity Name: NM FINANCIAL ENTERPRISE, LLC

FILED  
Apr 24, 2008  
Secretary of State

**Current Principal Place of Business:**

6853 NW 113TH PLACE  
DORAL, FL 331784545

**New Principal Place of Business:**

**Current Mailing Address:**  
520 BRICKELL KEY DR  
SUITE O-305  
MIAMI, FL 33131

**New Mailing Address:**

6853 NW 113TH PLACE  
DORAL, FL 331784545

FEI Number: 20-1095969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRANSGLOBAL CORPORATE ADMINISTRATION, INC.  
520 BRICKELL KEY DRIVE  
SUITE O-305  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

MOGOLLON, GUSTAVO A  
5960 NW 99 AVE, UNIT # 1  
DORAL, FL 33178 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: GUSTAVO MOGOLLON

04/24/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MOGOLLON, ALEXIS  
Address: 6853 NW 113TH PLACE  
City-St-Zip: DORAL, FL 331784545

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Delete  
Name: MOGOLLON, GUSTAVO  
Address: 6853 NW 113 TH PLACE  
City-St-Zip: DORAL, FL 331784545

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: GUSTAVO MOGOLLON

MGRM

04/24/2008

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