


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000068866</b> 1. Entity Name <b>THE NEMA GUYS L.L.C.</b>	
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Principal Place of Business <b>6194 BERMUDA DRIVE ORANGE PARK, FL 32003 US</b>	Mailing Address <b>6194 BERMUDA DRIVE ORANGE PARK, FL 32003 US</b>
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03312008No Chg-LLC

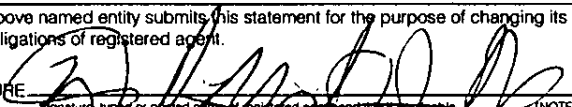
CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>51-0519665</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>MACDONALD, DAVID 4343 CHARLESTON LANE JACKSONVILLE, FL 32210</b>
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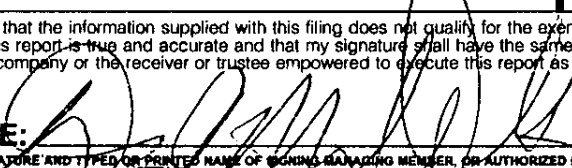
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>4/04/08</b>

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR NELSON, BRUCE 6194 BERMUDA DRIVE ORANGE PARK, FL 32003</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR MACDONALD, DAVID 4343 CHARLESTON LANE JACKSONVILLE, FL 32210</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/17/08-80043-009 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <b>4/02/08</b> DAYTIME PHONE # <b>904 614 8705</b>