

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078442

FILED
Jul 06, 2005
Secretary of State

Entity Name: NEMO LLC

Current Principal Place of Business:

9018 MOSSY OAK LANE
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

9018 MOSSY OAK LANE
CLERMONT, FL 34711 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THOMAS, DENNIS
9018 MOSSY OAK LANE
CLERMONT, FL 34711 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THOMAS, DENNIS
Address: 9018 MOSSY OAK LANE
City-St-Zip: CLERMONT, FL 34711 US

Title: MGRM (X) Delete
Name: FERNANDEZ, MADELAINE
Address: 1573 WHARFSIDE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: MGRM (X) Delete
Name: FERNANDEZ, FRANK
Address: 337 WEST 84TH STREET
City-St-Zip: NEW YORK, NY 10024 US

Title: MGRM (X) Delete
Name: THOMAS, LISA
Address: 9018 MOSSY OAK LANE
City-St-Zip: CLERMONT, FL 34711 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: THOMAS, DENNIS
Address: 9018 MOSSY OAK LANE
City-St-Zip: CLERMONT, FL 34711 US

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DST

PRES

07/06/2005

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